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ABSTRACT

This manual contains 10 chapters which provide basic concepts and information needed by family planning/sexuality educators in the areas of sexuality education, program evaluation, family planning, management, fund raising, public speaking, community organizing, public affairs, writing, and editing. "Sexuality Education" (Susan Newcomer) provides an overview of sexuality education. "The Role of the Staff Educator" (Shirley Everett-Clark) discusses the role of educators and the skills they must possess. "Ethics and Standards for Educators" (Esther Walter) outlines the ethics of being a sexuality educator and discusses the educator's responsibility to clients, students, and the law. "Using Volunteers" (J. Stephen Kirkpatrick) discusses aspects of reporting, training, and supervising volunteers. "Funding Affiliate Educational Programs" (J. Stephen Kirkpatrick) discusses funding options for education. "Community Education" (Carol Cassell) examines community education and its role in providing young people the ability to avoid unintended pregnancies. "Patient Education" (Carol Valentine) looks at one model of patient education. "Training: A Primer" (J. Stephen Kirkpatrick) provides a basic introduction to the training process. "Publications" concerns the production and acquisition of educational materials. "Library and Information Management" (Gloria Roberts and Susan Newcomer) discusses information management. Seven appendices are included which contain mandates for education, certification criteria, an outline of Planned Parenthood's national headquarters structure, an historical sketch of education, lists of resource organizations, a glossary of terms, and short, biographical sketches of the authors in this manual. (NB)

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First Facts
A Manual for Sexuality Educators

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FIRST FACTS

A Manual for Sexuality Educators

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PREFACE

First Facts is an introduction to the many roles and responsibilities a family planning/sexuality educator has in the 1980s. The manual is based on the experience of the Planned Parenthood Federation of America, but it is a relevant volume for others working in the field. A Planned Parenthood educator needs a variety of skills and knowledge in areas such as sexuality education, program evaluation, family planning, management, fund raising, public speaking, community organizing, public affairs, writing, editing and editing. First Facts provides basic concepts and basic information.

Planned Parenthood educators work today in a rich tradition. Margaret Sanger, the public health nurse who first championed the cause of education on and access to birth control almost 70 years ago, lived to see the movement for individual reproductive choice come to be accepted as an integral part of the quality of life for all Americans. Her leadership drew worldwide attention to the plight of women who were experiencing an unplanned pregnancy. Her work was a significant influence on the national climate, legally as well as in popular opinion, and enabled the emergence of the Planned Parenthood Federation of America. Today, PPFA is the largest provider of voluntary family planning services and sexuality education in the country. PPFA maintains 186 affiliates with over 700 clinics serving millions of Americans with family planning and sexuality education helping them make individual choices which ensure their personal, family and community well-being. In 1984, Planned Parenthood, with 10 percent of all family planning clinics, served over 25 percent of all family planning clinic patients.

This manual was written to 'fill in the holes' in the education of a PPFA Sexuality educator. There already exist a number of specialized volumes or publications which we think any educator should be sure to own or have access to.

We think that every director of education should be familiar with:

- This book
- Sexuality Education: A Guide to Developing and Implementing Programs by Cook, Kirby, Wilson & Alter. Available from: Network Publications, Box 8506, Santa Cruz, CA 95061-8506.
- The Magic of Structure.[1] A step-by-step evaluation guide for sexuality educators
- Sexuality Education: An Evaluation of Programs and their Effects: An Executive Summary[1] by Doug Kirby. Available from Network Publications
- The Frontlines of Sexuality Education: A Guide to Building and Maintaining Community Support by Peter Scales. Available from Network Publications.
- The PPFA Issues Manual[1] for good answers to difficult questions about Planned Parenthood our mission and our activities.
- The telephone number of PPFA's Clearinghouse for Sexuality Education Information, 212/603-4632, 4633, and the Katherine Dexter McCormick Library, 212/603-4637.
- The White Papers[1] written by PPFA's Directors of Education, including:

  Does Sexuality Education Make A Difference? 1985. A response to recent studies that evaluate sexuality education programs in the U.S. and the relationship between education and teenage pregnancy

  Sexuality Education: Definition and Discussion. 1982. Introduces the issues surrounding sexuality education, the meaning of the term, reasons why Americans support it, and a brief history.

  Sexuality Education: The Value of Values. 1983. Makes the case that stating the values that underlie sexuality education programs will strengthen the programs and help establish appropriate goals.

  The Value of Sexuality Education in a Total Family Planning Program. 1982. Gives a rationale for continuing and strengthening education efforts.

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[1]These should be available at your affiliate (The Resource Appendix contains a complete listing of all the PPFA's manuals and a selected list of other organizations which might have material to assist you in program planning.)

This manual is presented in a looseleaf binder so that the affiliate educator can add materials for local reference. More chapters may be added later.

Some of the chapters were written by people who are or have been affiliate educators, and some were written by PPFA national staff members.

Chapter 1 is an overview of sexuality education. It contains many of the conclusions of the Task Force on Criteria for Affiliate Education Programs. These conclusions have not been officially approved by the membership of the Federation, and are included here as guidelines or suggestions, not as requirements. Appendix A includes the requirements for education within affiliates as listed in the recertification review document. It also includes the segments of Title X guidelines which speak about community education.

Chapter 2, written by Shirley Everett-Clark, discusses the many and varied "hats" that an educator wears, and describes some of the skills an educator must have. PPFA has no certification requirements for sexuality educators, for, as the Task Force commented "college degrees, in themselves, are not considered sufficient evidence of qualifications...." For your information, Appendix B contains the certification criteria of AASECT (the American Association of Sex Educators, Counselors and Therapists) and those of the National Council on Family Relations. Again, the Task Force commented "Certification/accreditation by allied organizations (e.g. AASECT, NCFR) is encouraged, as evidence of commitmen. to high standards of professional preparation, but such certification should not be required."

Chapter 3, by Esther Walters, outlines the ethics of being a sexuality educator, and discusses our responsibility to the people who look to us for accurate, comprehensive education, and to the laws of the city, state, and nation.

Chapter 4 discusses volunteers - reporting, training, supervising them.

Chapter 5, by Steve Kirkpatrick, discusses funding options for education. This is a field which changes rapidly, so ones own local situation may be the best guide.

Chapter 6, by Carol Cassell, the first PPFA director of education, looks at community education. This, as the report in the April 1985 issue of Family Planning Perspectives on teen pregnancy rates in 6 developed nations demonstrates, can be key to providing young people the ability to avoid unintended pregnancies.

Chapter 7 looks at one model of patient education. We are aware that there are several models, and that techniques are in flux, with some affiliates using media, some using group counseling and some using one-on-one education.

Chapter 8 is on training. I suggest that you look at it in combination with Kirkpatrick's excellent manual "The Magic of Structure"

"What We Say and How We Say It" is the topic of Chapter 9, which concerns the production and acquisition of educational materials.

Once the information is available, managing it is the next concern. Chapter 10 talks about information management.

There are seven appendices. Appendix A is on mandates for education. Appendix B is on certification criteria. Appendix C is a brief outline of the structure of PPFA's national headquarters and Appendix D gives a historical sketch of education and the education department. Appendix E puts into one place the names, addresses and telephone numbers of resource organizations on whom you might wish to call at some time. Appendix F contains a glossary of terms which educators often use. We encourage the adoption of these meanings so that we will all begin to talk about the same things. Appendix G gives two-line biographical sketches of the authors of the chapters of this manual, and of the members of the task force on criteria. From the changes in title and job descriptions, it can be seen that educators are a dynamic crew, and that Planned Parenthood sexuality educators provide education not only within the affiliates but all across the map.

Chapter 1

SEXUALITY EDUCATION

Susan Newcomer

Planned Parenthood believes that sexuality is only one aspect of human development and should be considered within the context of physical and social growth. So sexuality education must come as a part of all education. This is the birthright of Americans so that they may make informed choices about their lives.

Learning about sexuality and reproduction occurs first in the home, where parents are a child's first sexuality educators. Other sexuality education providers share with parents the obligation of ensuring that young people obtain the right knowledge at the right times to make decisions consistent with their personal values about sexual behavior and childbearing.

Planned Parenthood works with parents, religious leaders, educators, and health and social services providers to better the ability of all people to make and carry out voluntary sexual and reproductive health decisions. We share with others the desire to increase communication -- particularly within the family unit -- about concerns and problems, which, when unshared, can cause anxiety or contribute to family disruption.

Though sexuality education is a life-long process that begins in the home and family, it includes formal education programs as well as the informal influence of peer groups, cultural heritage, messages of the media, advertising, religious teachings and day to day exposure to social custom and changing technologies. Everyone needs basic information about sexuality, as well as formal opportunities to examine their own and others' values regarding sexuality and to build skills in making decisions, solving problems and communicating with

others. Planned Parenthood is committed to developing and offering voluntary programs, designed appropriately for the developmental stages and settings of various audiences, to meet the formal educational needs of children, youth, parents and of the helping professionals who serve those families.

Another task of the Planned Parenthood educator is to help his or her audience to be aware of population growth and change worldwide. This can include education on the importance of continuing to provide family planning information and supplies to other nations. It can furthermore emphasize that our concern for access by all to voluntary family planning extends beyond the citizens of the United States to citizens of all nations.

A Task Force on Criteria for Affiliate Education Program which met in 1982 and 1983 provided descriptions of the various functions of education within the federation:

A. Community Education to enable people to make and act upon informed decisions that promote sexual and reproductive health, by presenting workshops and talks, developing resources on relevant topics, and other activities.

B. Training to enable persons who work with others to facilitate informed decision-making about health, reproduction and sexuality by presenting seminars, workshops and courses and developing and using appropriate resources.

C. Staff and Volunteer Development to orient agency personnel to assess and train people who serve patients, raise funds, and to speak on behalf of Planned Parenthood in the performance of their education function.

D. Patient Education to ensure that patients receive adequate information to make the best use of Planned Parenthood's services and make informed decisions about their own health and health care.

E. Resources to assist students, teachers, consumers, staff and other to be informed about reproductive health, sexuality, and other relevant issues, through access to all information sources, such as books, pamphlets, audio-visual materials and computers.

F. Public Relations to promote a positive and accurate view of Planned Parenthood, its goals, services and contributions to the community through use of media, posters, speakers' bureaus, special events and other means, such as complementing the affiliate's community relations program through participating in coalitions.

G. Marketing of Family Planning to offer programs based on and meeting a range of diverse perceived needs in the community, so that people are attracted to actively and willingly seeking Planned Parenthood's educational and clinical services.

The Task Force went on to comment:

> Planned Parenthood educators assume many specific roles, particularly in smaller affiliates where one individual may be responsible for education, counseling, public affairs, public relations,

or other functions. The Task Force believes that education's primary function is to ensure that people have access to the knowledge, attitudes and skills for making informed personal decisions about sexuality and reproductive health. A variety of complementary functions also add to education's significance as an integral part of a well-rounded affiliate program. For example, through its primary functions, education may contribute income to the affiliates, both in obtaining fees and in strengthening fund raising efforts that benefit the total affiliate program.

The Western Region Task Force on Counseling Service Standards, in its report, made a series of distinctions among education, counseling and therapy, which, though not adopted by the federation, do aid in discussion of these topics. They are:

1. Information Giving: in response to request for information or in order to facilitate the care of the client.

2. Interviewing: exchange of information based on predetermined information needs i.e., client, demographic and medical information.

3. Education: giving information (both solicited or unsolicited) to enhance, reinforce or change behavior of clients.

4. Counseling: helping people identify and express their feelings and clarify their thoughts and choices so they are able to develop a course of action.

5. Therapy: involves in-depth examination, involves complete assessment, long and short term goals and planning.

The border areas betweem those functions are not clear, but the differences are, we feel, helpful.

Each affiliate determines the best local mix of functions. Some affiliates will expect their education departments to carry out all these functions, while in others, separate departments assume responsibility. For example, larger affiliates may have a Public Relations Department, and what is discussed here as an educator's public relations function would be within that department.

PPFA has defined sexuality education as a "learning process which includes discussions of responsibility and ethical behavior, stressing the importance of understanding sexuality in all its aspects - human growth, sexual development, social relationships and decision-making, as well as information on the biology of reproduction." Lectures, discussions or films on anatomy, physiology, puberty and sexually transmissible diseases need to be augmented by discussions of responsibility, ethics and respect for the self and for others.

The terminology describing this effort is one of its most confusing elements. While we use the term "sexuality education," the term "sex education" appears in Planned Parenthood literature when that is or was the term someone else used, as in the "school board's discussion of 'sex education'." The authors of this manual have at times used the terms "family life/family living/sexuality education" interchangeably to refer to courses or curricula. Others use the terms "family life/family living" to mean something even broader than sexuality education, including such topics as family economics, parenting skills and

childcare. Appendix G is a glossary with working definitions of terms as we use them, and as we hope you will consider using them.

The Task Force on Education, mentioned above, felt that the following content should be considered as the core of educational programming within an affiliate:

- Community education and information service (such as speakers, videotapes, computer programs, books) available on Planned Parenthood, contraception, STD's, adolescent sexuality, human sexual development, parent-child communication;
- Provision of patient education to individuals and couples (if the clinic staff does not provide);
- In-service training for staff, board and volunteers as requested;
- Availability of materials for patient, public and professional use, and development of them if needed;
- Participation in community coalitions;
- A library/resource center/clearinghouse that uses a systematic library organization;
- Preparation of public service announcements;
- A feedback-evaluation system for assessing audience/client reactions to programs;
- Establishment of community-appropriate target groups; and
- Evaluation of selected education programs.

The Task Force further noted that such core program can be expanded in two stages, given the availability of resources:

I. First Stage

- Expand community education to other groups;
- Provide technical assistance in sexuality education program development to other community groups;
- Offer 1-2 professional training opportunities (e.g., college classes, consulting workshops) annually;
- Offer sessions for other agencies' clients that, whenever possible, are accompanied by training for that agency's staff;
- Provide programs likely to produce income, e.g., consumer workshops, conferences, professional training, books, video tapes, counseling and consultation with other agencies; and
- Provide management training for Education Director.

II. Second Stage

- Expand the resource center, including the film library and other types of technical assistance;
- Develop as well as distribute education materials - video, print, or film;
- Expand community education programming to include resources, speakers, conferences and community workshops for the public on a diverse range of issues;
- Design and carry out a media campaign, including regular appearances on radio and TV talk shows;
- Develop and implement more frequent professional training opportunities; and
- Assume leadership roles in community coalitions.

These efforts must be integrated into a wider political perspective which encourages and supports the provision of sexuality education for all people in ways appropriate to their ages and to community mores.

Such a perspective might include working with coalitions for National Family Sexuality Education Month, or working with public affairs staff and others to implement mandated sexuality education in schools in your area.

Chapter 2

THE ROLES OF THE STAFF EDUCATOR

Shirley Everett-Clark

Planned Parenthood affiliates operate today in an external environment which is simultaneously volatile and in need of model programs for reproductive health and sexuality education. Therefore, it behooves us as educators, whether newcomers or old hands, not only to understand our present positions in education departments but also to consider the possible range of roles and competencies of the staff educator.

As a Planned Parenthood director of education for over eleven years, I have had the opportunity to work with many affiliates, and I find no two alike. Likewise, the staff educators' roles vary from program to program, or, so to speak, educators wear many different hats.

Their roles depend on such variables as assessed community needs, program priorities, staff expertise, resources available, and the executive director and affiliate board's perceptions of the importance of the education component to the affilliate's overall mission. Therefore, my purpose in writing this chapter is not to prescribe roles, but, rather, to share ideas on the roles of the staff educator which are based on my own experiences and observations.

My plan is to define the term educator, to differentiate between information, education and training, to explore the nature of the roles of the staff educator, and to discuss the staff educator's relationship with the other educators, administrators, board members, fundraisers, clinicians, counselors and volunteers. In addition, I will discuss some skills related to these roles.

In this chapter, the term 'staff educator' refers to person(s) responsible for the educational component of a Planned Parenthood affiliate's program.

What is an Educator?

An educator is an enabler. Whether facilitating sessions in the classroom, training teachers, serving as resource person for in-service adult education groups, or speaking in a public auditorium, the educator enables others to increase their knowledge of reproductive health and sexuality, to become more aware of their feelings and attitudes on these subjects, and to develop skills to communicate, analyze and make decisions. In order to enable others, I have found that there are some basic attributes the staff educator needs. These can be acquired either through academic achievement, special training or experience. They include the following:

1. a working knowledge of reproductive health and sexuality;
2. an awareness of his/her own attitudes and values about sexual issues and behaviors;
3. effective communication and decision-making skills;
4. the ability to select and use developmentally appropriate materials;
5. a logical understanding of how people learn throughout the life cycle;
6. experience working with a variety of groups, e.g., people of various ages and ethnic and cultural backgrounds; singles, couples, peers, professionals; and people with special needs or disabilities;
7. skill in assessing needs, planning, designing, implementing, and evaluating educational programs.

Seldom do new staff educators possess all these basic attributes when they assume their positions. Each educator needs to take the responsibility for establishing criteria and developing a plan to attain these basic requirements.

An educator is a manager. In the present environment, Planned Parenthood affiliates are experiencing decreased funding, accelerated pressure from opposition groups, and, at the same time, increasing requests from within and outside the affiliate to solve educational problems, to provide educational programs, and to develop new educational models for reproductive health and sexuality education. In these challenging times, the educator's job is expanding and changing, emphasizing more management and less face-to-face teaching.

For example, the one-session, classroom presentation on birth control and the solitary program consisting of a twenty-minute lecturette plus a film on teenage pregnancy, sexually transmitted diseases, or population are luxury programs that few staff educators can either afford or justify. In addition to facilitation skills, the educator-as-manager needs to possess business savvy

concerning the best use of personnel, time, resources and money. Marketing of educational programs and materials needs to be considered as a way of producing related income. (See also Chapter 7.)

The educator must be able to plan, organize, delegate and evaluate. Today, educators are challenged to provide learning experiences that are not only flexible, intuitive and enjoyable, but also functional, economical and logical. These programs must meet both current and anticipated needs, whether expressed by clients or observed by the educators.

However, education does not happen in a vacuum. It functions in an environment of policies, values, procedures, standards, and affiliate objectives and has an intimate relationship to the other strategies of the affiliate's administration.

Management has been defined as "the development and releasing of human energies to acomplish the organization's goals" (Hospital Continuing Education Project, 1970). In the light of this definition, the work of the educational component of an affiliate requires a management strategy.

An educator is a problem solver. An educator inevitably must solve problems and make choices. Although an affiliate is an agent of change, it cannot be all things to all people: it cannot change the world. Decisions must be made consciously as to where and how educational approaches can be employed to the greatest advantage, so that there is a multiplying effect.

I have found that there are five basic questions I must resolve with my executive director before the educational component of the affiliate's program can proceed. Answering these questions requires assessing and problem solving which coordinates the educational component with the other components of the affiliate's program:

1. What is the current status of the educational component? What problem solving do we have to undertake?

2. Given all of the problems and possibilities in the area of reproductive health and sexuality education, what do we want the education program to accomplish? What priorities and goals do we set?

3. How do these projected goals fit the affiliate's mission and objectives?

4. How will we reach these educational goals and over what length of time?

5. Are the available human and material resources sufficient to reach the educational goals, or will more be needed? How can we get what we need?

Once the answers to the five questions are agreed upon, the goals and objectives provide a basis for developing criteria to evaluate the educational program.

An educator is a decision maker. Educators must make management decisions daily, about how to most effectively and efficiently use human and material resources to accomplish tasks as a regular part of our management responsibilities.

According to Fischer and Thomas (1975), the work of the educator could be regarded as "a continuous process of interlocking decisions related to the ends and means of education." For example, in considering a request for a continuing adult education program for school personnel, Planned Parenthood educators are of necessity decision makers. We decide whether a particular request meshes with short-term goals, and, if so, whether to select this program over others requested. If undertaken, fees must be determined, schedules planned, leadership designated, and necessary resources inventoried, compiled and processed.

Educators decide on experiences to enable the teachers to learn the skills, acquire the knowledge, and develop attitudes necessary for the performance of their assigned responsibilities. According to Knowles (1980), in the learning-teaching transaction, educators (1) determine the physical setting of the program, (2) establish an adult learning atmosphere, (3) develop a planning process so that teachers can reach their own solutions, (4) serve as resource persons, and (5) suggest ways so that the teachers can self-evaluate.

We, as educators, make many decisions as we work with and through other people to accomplish the goals of our affiliates and the education component. We are, in fact, managers (Wilson, 1976).

Differences Among Information, Education and Training

Although information, education and training are similar, there are distinct and important qualities that separate them. In order to avoid confusion in the use of the terms, they will be discussed individually.

Information giving is one-way communication. Educators give information for a number of reasons: to increase awareness in a given area, to gain support, to broaden the public's understanding of a particular issue, and to reach a specific group. Information involves presenting facts and data through lectures, films, radio, television, and through written materials, pamphlets and posters. Disclosing information is one-way communication: the presenter gives the information and the audience receives it. Sometimes an information session has a brief question and answer period tagged on; however, this does not even resemble dialogue, for no provision exists for mutual influence or exchange (Johnson and Johnson, 1975).

The effectiveness of an information session is usually determined by how the messages are created and presented. Nevertheless, we cannot have the unrealistic expectation that providing people "with truth, with facts, is the only requirement for behavior change" (Deeds, 1973). For example, providing young people with factual, responsible information on sexuality is a common goal for educators, parents and youth workers. But, although it may start the process of examining personal feelings and attitudes about issues being presented, the information alone is usually inadequate to change a person's behavior or attitude.

Information is an important objective or outcome of learning in reproductive health and sexuality education because it develops a person's acquaintance with

reality, with the facts as they are currently known or accepted by specialists in the field (Bloom, 1956).

Education is a process. Education builds on information but goes beyond it. According to Burleson (1976), "It is important to remember that effective sex education is a process, not simply a body of subject matter to be imparted." Education is a process that allows people to integrate information with experience to enable them to act. The educator's responsibility is to create process, based on educational objectives and learning principles, and to select and use appropriate methods and techniques.

In addition to the information presented, viewing audio-visual materials, role playing, group discussions, values clarification exercises and case studies can lead individuals to a greater understanding of self and others, to tolerance of other points of view, and to the formation of concepts and principles to guide future behavior in real-life experiences.

Calderwood (1971) specifies that education for human sexuality is the process of exploration and discovery, "getting accurate information, developing communication skills, building attitudes and values, and making responsible decisions concerning sexual behavior."

Training is designed to improve performance. Training as well as education, can be described as a series of planned activities that take place in a structured period of time and are designed to produce behavioral change. However, the focus of training and education differ. Education is concerned with improving the overall competence of the person, with emphasis on values, attitudes and insights; training is primarily concerned with specific, measurable, job-related behaviors and skills.

Training involves assessing needs, and formulating specific approaches that include key facts, concepts and skills to meet the needs. Training provides opportunities to practice or demonstrate skills and to receive immediate, specific and descriptive feedback on the performance.

Training programs often focus on pre-service or orientation, in-service and continuing training for people on the job, both in the affiliate and elsewhere. Some affiliates hire staff specifically for training other staff, but since most affiliates cannot afford special trainers they usually assign the task of providing or coordinating staff training to educators.

Many Planned Parenthood educators offer training for adults as continuing education, often in cooperation with other groups or institutions, such as colleges, "free" universities and school districts.

The Educator as Public Speaker and Public Relations Person

Think before you speak. As a regular responsibility, or as delegated by the executive director, the staff educator speaks to public groups or media representatives on a variety of sexual health subjects, as well as on the philosophy and services of the affiliate. Public speaking can increase awareness of the need for, and the importance of, education about reproductive health and sexuality. The educator-as-public-speaker must have a sound knowledge of the subject s/he is dealing with, must have good presentation skills and must enjoy working with the public.

Additionally, it is imperative that the public speaker understand the boundaries of areas in which he/she speaks and the significance of the information shared. When wearing the public speaker's hat, the educator walks a tight line in order not to cross over into areas beyond either his/her prerogative or ability to speak.

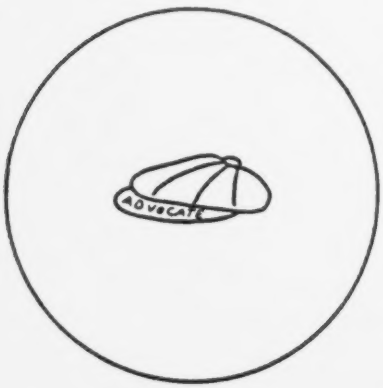
An important link. The educator as public-relations-person provides an important and valuable link between the general public and the affiliate. This link is based on the educator's ability to communicate and to build coalitions with other organizations. Additionally, Planned Parenthood educators are generally regarded as credible experts in their field. They provide a positive voice for their affiliates even among groups that are otherwise leery of Planned Parenthood activities.

The Educator as a Political Citizen

Educator not politican. Educators need to be aware of the social, political and economic realities of the community in which they live, and, in particular, the workings of the city, county and state boards of education. In the schools, you as an educator have much to offer in the discussion. You can provide information about such mandates in other areas of the country or supply statistics about pregnancy, education and abortion. These can be seen as part of community education. Decisions by these groups may affect not only the curriculum and the training of teachers, but also the policies that determine the school's relationship with outside groups.

An educator wearing the political citizen's hat must be particularly cognizant of how decisions by official groups might effect sexuality education. The task of the educator-as-political citizen is to focus public discussion, to provide public education, and to educate the politician, not to become the politician. [**Editor's note:** Sometimes public policies are promulgated which demand that misinformation be countered. For instance, the 'Akron Ordinance,' passed by the Akron City Council and often introduced and debated in other legislative bodies, would have required that women obtaining an abortion be told a list of specific 'facts.' Experts in several fields disputed those 'facts,' labeling them matters of opinion in some instances, and simply inaccurate in other cases. A 1985 example is the film 'The Silent Scream' which is riddled with distortions,

inaccuracies and untruths. Planned Parenthood developed point-by-point refutations.]



The Educator as an Advocate

Prerequisites to advocacy. An advocate is defined as one who argues or pleads for a cause. Prerequisites for advocacy are (1) to know what you stand for, (2) to know the affiliate guidelines, (3) to know thoroughly the systems(s) with which you are involved, and (4) to know the opposition or barriers to your cause. In the community, educators often advocate parent and child education, quality sexuality education in the schools, and regular in-service teacher training.

Educators also function as advocates within the affiliate. The educator fulfills this role not by merely enlarging the consumers' reproductive health and sexuality knowledge base, but by enabling individuals to manage or participate in health systems with greater confidence and control over the direction of their lives. (See Chapter 7 on Patient Education, as well).

Relationships Between Educators and Others: Staff, Board Members and volunteers

Staff educators are a team. In order to have a strong and healthy educational component, time and effort must be invested to develop a team approach among educators. Some of the characteristics of such a team are (1) same general goals, (2) competent, resourceful and cooperative people, (3) high trust level, (4) two-way communication, (5) distributed participation and leadership, (6) strong problem solving abilities, and (7) decision-making procedures matched with the situation.

Staff educators and administrators. The staff educator is part of the team that management uses in making decisions. Educators interact with the public and develop an ear for what is going on in the environment. Such information is important to the administrator as she/he formulates plans and decisions. In this time of social change, to be of greatest help to the administrator, the staff educator has to learn to cope with change, to become more future oriented, and to acquire a broader organizational perspective. Unless a staff educator does this, she/he cannot supply effective ideas and techniques.

Staff educators and board members. In some affiliates, an education committee or representative is designated from the board to work with the education department to formulate goals, plans and evaluation. In other affiliates, as needs arise, board members with special expertise or interest areas are appointed to assist the educational effort with technical assistance, professional consultation or to function as a liaison with community and civic groups. Educators submit reports to the board on plans and accomplishments, participate in board orientation, and, as requested, provide special workshops for board members. (See also Chapter 4).

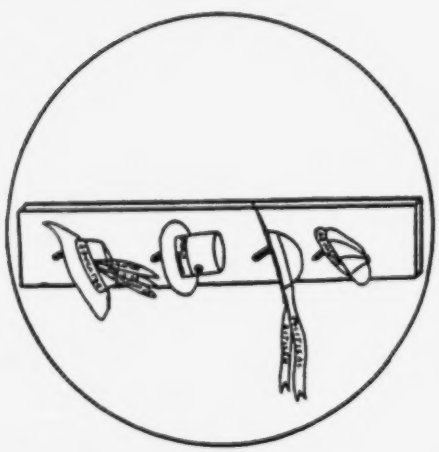
Educators and fund-raisers. Educators have special skills that can be applied to the educational fund raising effort either as consultants or by

assisting in the actual process, e.g., grant proposal writing, direct and mail solicitations, and special requests from individuals, companies or foundations. Likewise, in the affiliate's fund-raising effort, the educator's expertise in making presentations, training volunteer solicitors, and developing pamphlets and visuals can be utilized. (See also Chapter 5)

Educators and clinic staff: clinicians and counselors. The educational responsibilities may be shared by a clinician, a counselor and an educator, depending on the particular program or clinic set-up. However, it is the staff educator who must be skilled in defining educational methods, designing training, and assessing and evaluating educational needs even though others may be involved in presenting content (World Health Organization, 1971). Although clinicians, counselors and educators have their own particular areas of speciality, their varied skills are all necessary to the work of the affiliate. (See also Chapter 7).

Educators need to be aware of the needs of clinicians and counselors for educational materials or information and to provide these materials if possible. Clinicians and counselors can provide vital information to educators, such as the latest medical information and referral sources. Such information is necessary to keep educators current in the medical and social service field.

Educators and volunteers. Educators can utilize volunteers' skills in many ways, e.g., as members of advisory groups (parents, youth), as co-leaders in programs, as trained members of a speakers' bureau, and as providers of special needs, such as signers for deaf clients or interpreters for clients who do not speak English. Whenever volunteers are used, the skills and talents of the volunteers must be used appropriately. Their talents must fit in the agencies' policy and plans. They must fit the need of the educators in order for the volunteer and the educator to feel the relationship is mutually rewarding. (See also Chapter 4)



Conclusion

The educational component of a Planned Parenthood affiliate requires staff educators to fill many different roles. Each role calls for the ability to work with people, to possess sound educational theory, as well as skills in facilitation. The roles necessitate a knowledge of the environment and a sensitivity to changing issues. The educator is a link between the environment and the affiliate.

People are the principal resource an affiliate has, and the success of its mission depends to a large extent on how the various individuals and teams work together within the affiliate. The interdependent relationship of the educator with other staff members and volunteers highlight the following facts: (1) the members of the education department must work together as a team, (2) educators cannot work in isolation, and (3) educators have a special and important contribution to make to the work of each of the other departments and to the affiliate as a whole.

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Chapter 3

ETHICS AND STANDARDS FOR EDUCATORS

Esther Walter

Introduction

The core of ethics for the educator is the well-being of the client. Good ethical practices in sexuality education are also good educational practices. People whose feelings and values are respected are able to learn and grow. People who are anxious and afraid are unable to listen, reason or retain information. When we respect our clients, they are better able to learn what we want to teach them.

Knowledge and Skills

Educators need to have adequate knowledge and skills in specific areas, and limit themselves to teaching those areas in which they are competent. If someone wants accreditation as a sexuality educator, their background will need to cover a wide range of subjects -- from physiology to research to theology. (See Appendix A) There are a number of standards for training that are available from groups like the American Association of Sex Educators, Counselors and Therapists (AASECT). However, most of us work in a narrow range of subjects and teach a smaller variety of people. We are specialists rather than generalists.

Getting trained and keeping current. We need to have a body of knowledge and teaching skills that match the need of the agency for communicating with various groups of people. People who have the communication skills and emotional maturity needed for the job can obtain the basic core of knowledge about repro-

duction, health and sexual decision-making that lies at the heart of most community and patient education done by Planned Parenthood staff. Keeping current in these areas involves taking advantage of the normal flow of information that passes through the affiliate.

Once we get beyond the basic areas, however, we reach subjects that trigger even more myths, uncertainties and strong emotions. Obvious examples include homosexuality, gender identity, gender-coded roles or the theology of sexuality. These subjects are full of pitfalls for teacher and learner alike. There are bodies of 'common knowledge' on subjects like these that may be slightly, or even wildly, inaccurate. Information about them is not as easy to obtain as that on subjects like contraception. Credibility of information may be more difficult to assess.

Training or continuing education for most of us will be further away and more expensive than that needed for more customary kinds of teaching. As a basic ethical position, however, we should not teach in areas where we have inadequate preparation.

Building training into the budget. What can you do when your agency decides that it is necessary to reach out with education to a new group of people who need new kinds of teaching? Administrators need your help in evaluating how much staff preparation will be needed. One initial step is to call the National Education Department to find out who in your area does this kind of teaching. Most educators are pleased and flattered to share plans and experience with colleagues.

Once you know what skills you need, you can plan for your own continuing education. If your agency does not have funds for staff preparation, it may need to reassess its goals. You, as the resident educator, are usually the person who can give management and board a professional perspective on educational needs and resources.

Political sensitivity. It does not matter how well trained and skilled we are if public anxieties prevent us from functioning as educators. It is vital for us to understand the varied political and religious attitudes toward sexuality. Not only will this help us be more sensitive and appropriate with our clients, but also it will help avoid difficulties. Most importantly, if we understand the arguments for or against teaching about sexuality, we are better able to build community support for what we want to accomplish.

Choosing appropriate activities. While many necessary skills, such as teaching, budgeting, and managing, do not fall into a chapter on ethics, there is one skill area that definitely does. That skill is judging learning activites for appropriateness.

It is easy to manipulate the emotions of our clients by the use of powerful teaching activities such as explicit films. Many of us have been through a Sexuality Attitude Reassessment (SAR) program. This kind of approach can have real value because the technique of using explicit descriptions of sexual behavior relates appropriately to the goal of helping us assess how we feel about these behaviors.

Some sexuality educators who have experienced this kind of training, however, have turned the SAR approach into a universal method of sexuality education. We do not have the right to manipulate the emotions of our clients simply because we

can. The professional selects the kinds of teaching activities that are best suited to the desired learning outcomes.

In many cases, the use of explicit materials can be counter-productive to our objectives. Dr. Michael Carrera, former President of the Board of Directors of the Sex Information and Education Council of the United States (SIECUS), gives an appropriate example. Suppose we have just taught a session on gender orientation in which we make the point that, based upon scientific research, there are more similarities than differences between homosexuals and heterosexuals. Then, suppose we show a film that focuses on the one primary difference -- people of the same sex making love. If we do that, we have just overwhelmed everything covered in the discussion before the film!

Boundaries of the Educator/Client Relationship

Exploitation. Sexual exploitation of the client is always inappropriate, whether the client or the educator initiates the relationship. Flatly stated, erotic behavior between a sexuality educator and a client is not acceptable at any time for any reason -- period. (Some leading authorities also believe this prohibition spans not only the time while there is a client/educator relationship but even after the client/educator relationship between the two adults has ended.) Several professional organizations, including the American Psychiatric Association, the American Psychological Association, the National Education Association, and AASECT have adopted this ethical standard of conduct, but it is not universally accepted.

Manipulation. The fact that we are educators puts us in a position with the power to manipulate the emotions of the learner, and, therefore, into a position of ethical responsibility. Exercises which do or might involve strong emotions or challenge values should always be agreed upon in advance by both learner and educator in such a way that everyone has a free choice about participating or not.

Whose values? Our clients have a right to their beliefs. We, as educators, have a responsibility to help students define their beliefs and support them with accurate facts. The statement that, 'Masturbation is wrong because ...,' can be appropriately completed with statements of moral, parental or ethical beliefs, but not with myths about assorted tales that masturbation will cause physical harm. However, we cannot deny or denigrate the client's values about sexual behaviors simply because they differ from our own.

This standard of not imposing our values and beliefs on others, however, does not discharge us from the professional responsibility to offer information and guidance when a client's beliefs could foreseeably lead the client to inflict harm, on the self or another. Through our professional knowledge and skill, we can sometimes predict consequences of beliefs or behaviors which the client may not.

As an obvious example, consider a male client who believes that contraception is a female responsibility. Without assailing his belief, we can ethically discuss the foreseeable consequences of his belief -- a pregnancy which he may not want but for which he may be responsible. We can also relate our experiences that men who assume the woman is 'using something' have often been surprised.

Trying to solve sexual problems. Unless we are trained sex therapists or sex counselors, it is unethical for the educator to attempt these functions. Going beyond our experience and training can be a trap.

Clients often see one 'expert on sex' as being just as good as another, and the educator is immediately available. And, being 'helping professionals,' it is our instinct to respond. Of course, a gray area exists. Many sexual problems are simple ones that can be resolved with basic information. Many communities do not have good and affordable referral sources. In order to negotiate our way appropriately, we need to have enough training to be secure in our knowledge of what information is appropriate. We also need to be wary of getting into an unethical therapeutic relationship that promises more than we can deliver.

Disclosure of personal information. We should not require clients to disclose personal sexual histories or attitudes. In fact, in some states educators also cannot use questionnaires that ask for personal attitudes. Neither are we required to disclose personal information to the clients. The singular exception to this is when one professional is being trained by other professionals to become competent in a sexuality-related field. In this case, an examination of attitudes and experiences can be an appropriate part of the training process.

Personal disclosure happens in a variety of ways. When it is voluntary and appropriate, there is no problem. However, we should make it clear that first person examples are neither required nor expected in group discussions or written exercises. We can learn to handle the kind of person who insists on telling everything in class. We can structure the use of written questions from the group so that the author is not identified. Personal journals are sometimes used in longer and more structured teaching. It is the use of these journals that needs to be monitored. Students have a right to their privacy; so do educators.

Rights and Responsibilities of Both Parties

Clients have a right to know what to expect in the learning process, to have their privacy respected, to have their beliefs respected, and to be treated with respect as people rather than as sets of attitudes and behaviors.

We also have the right to demand respect for group members from the rest of the group. We are often asked to come into a classroom or group in which the members are not used to talking comfortably about sexual subjects. The typical response from clients is to handle discomfort by inappropriate behavior. If we cannot quiet the group so that effective learning can take place, we have the right to ask for the removal of those members who are undermining the learning environment.

Some specifics:

- Negotiate with the learners the use of explicit or potentially controversial materials as far in advance as possible. A powerful film on a subject like incest can be just as disturbing as a film of people making love, and deserves the same careful preparation.

- Make sure that the learning environment is managed so that neither overt nor covert pressures are brought to bear on people to force them to share private information about which they are uncomfortable.

- Differentiate carefully between statements of fact and statements of belief. This permits us to respect the beliefs of the clients, and encourages them to respect each others' beliefs. It also ensures accuracy in communication. 'Masturbation does no physical harm,' is a

statement of fact. 'Some people believe that masturbation is inappropriate behavior,' is a statement of fact about a belief system. 'People who don't masturbate have something wrong with them,' is an opinion presented as if it were a fact. While we must acknowledge the rights of our clients and ourselves to hold personal beliefs, we all have the responsibility to support those beliefs appropriately.

- At all times we must model a careful separation of the person and the behavior. Any group we teach will probably contain people who have experienced one of a wide variety of sexual behaviors or have exploited someone sexually or have themselves been exploited. We should always be aware that any sexual behavior under discussion may have been experienced by somebody in the group. It is our responsibility to lead discussions, give facts or answer questions in a manner that does not label people as 'bad,' and to provide support and obtain help for people in need.

- At the same time some behaviors are simply contrary to accepted standards in our society. Some of these are clearly wrong and illegal -- rape, incest, violence and the like. Behaviors which exploit people are also wrong, and we have an ethical responsibility to foster respect for the self and for others.

Confidentiality

We must keep all personal information about our clients strictly confidential. Any information that could be connected with a client should be disclosed only with the express consent of that person. This code of ethics extends to the storage and disposal of written materials.

An area over which we have less control is group discussion. We can attempt to establish an atmosphere that encourages clients to keep private any personal information learned within the group. Certainly anything that is voluntarily told to a group cannot be confidential in the strict sense; however, even the disclosure of someone's ignorance can be highly embarrassing to that person. It is best to establish guidelines at the beginning so that personal sharing is appropriate.

(Not only are these concerns related to ethics, but they are also directly related to the effectiveness with which we teach. A prime concern for many younger people who might use our services is that of confidentiality. If we model this confidentiality in the classroom, people are more likely to trust us to provide them with health care.)

Reporting sexual abuse. The most common exception to the rules about confidentiality is the reporting of sexual abuse. We often encounter clients who are being abused, but who ask us not to disclose this information to anyone else. Most states have laws that require the reporting of child abuse. Most states also have a mechanism that permits the reporter to stay anonymous. However, if we are reporting information that the client has asked to have kept confidential, we have a problem that must be resolved.

We probably need to tell the client that we are reporting the problem, and why we are doing so. Child abuse is a crime, and our obligation to report this can override our obligation to respect the wishes of the client. Additionally, many child protection workers believe that the damage done by sexual abuse is

serious enough to warrant disclosure even when the child wants to protect the adult involved.

Some Planned Parenthood educators work in geographic areas in which they believe the outcome of inept intervention to be worse than the damage done by the original experience. This is a question that is not always easy to resolve. However, we should not take any incest or sexual abuse situation lightly. There are laws, which vary by state, which must be adhered to. Neither should we be rigid in our definitions. One episode of experimentation mutually consented to may not qualify. On the other hand, repeated abuse of an unwilling minor by an adult certainly warrants action.

Accountability

We are accountable to those we teach to be honest and accurate and to deliver what we promise. We are accountable to our agency for the responsibilities it has given us. While we may have our own personal goals, we are not being paid to pursue them independently of the agency goals.

We are also accountable to the agency as its highly visible representative in the community. We are targets for political opposition even if we sit back and do nothing. We need to use good judgment and good taste so that we do not create additional and unnecessary community backlash.

Last, we are accountable to the nationwide community of professionals who teach about sexuality. Our credibility can alter the effectiveness of someone else's efforts, just as their credibility can help or hinder us.

Integrity

Webster defines "integrity" as "wholeness." This means that we approach our work as professionals. We are honest about our qualifications, our knowledge and skills. We are trustworthy. We present accurate information and we keep personal information confidential. It also means that we are honest with ourselves.

Summary

Any profession is only able to be as effective as its reputation will allow. The same goes for any professional. Every profession and professional must adopt and adhere to a clearly defined and carefully reasoned set of ethical standards upon which a reputation is built.

Sexuality educators must be doubly aware of these facts because of the sensitive, personal nature of the areas in which we teach. With our jobs comes a professional responsibility to uphold the highest standards of ethics and conduct. Nothing less will suffice for ourselves, our peers, our agencies, our clients and our communities.

Chapter 4

USING VOLUNTEERS

J. Stephen Kirkpatrick

The speakers' bureau, or volunteer educators, a group of volunteers who serve by representing an affiliate at public speaking presentations, can be either invaluable or a waste of scarce time and resources. The outcome of this service depends largely upon how well the affiliate staff and board plan the roles, functions, recruitment, selection, training, reward, and retention of the volunteers.

At the outset both the affiliate and the volunteers should understand clearly that the volunteers represent the agency whenever someone asks about Planned Parenthood -- in private or social situations as well as every time they make a presentation. That the volunteers are not staff members means little to the general public; they represent the affiliate and the entire Federation to those with whom they have contact.

Policy Established

The staff and the education committee should first clarify the roles and functions which the volunteers will assume. As the term implies, roles are positions: trainer, community educator, media spokesperson, public speaker. Functions refer to specific tasks and the settings in which those tasks are performed: trainer for teachers, speaker in high schools, patient educator in groups, patient interviewer in one-to-one sessions.

Some roles and some functions within those roles are more sensitive or require more training and experience than others. The affiliate needs to define

those functions and roles which it is willing to entrust to volunteers and willing to train the volunteers to perform.

Some volunteers will have extraordinary talents, education and experience. Exceptions can and should be made in these individual cases, but, in general, some clear limitations and expectations for volunteers should be specified.

Needs assessment

Within the roles and functions established for volunteers, how can they best be utilized? Which audiences could volunteer speakers best serve? How many requests for these kinds of presentations have there been in the past? How many can the affiliate expect in the next year (one year is about the maximum length of time most volunteers stay)? There are many possibilities:

Audience	Setting
Adolescents:	youth-serving agencies junior and senior high school classes religious groups new patients
Young adults:	college classes dormitories or soroities/fraternities clubs and organizations
Adults:	fraternal, philanthropic, and service organizations professional organizations training sessions parent groups new patients religious groups
Families:	any of the above settings
Communities:	fairs, bazaars, and the like advertising through the electronic media live and taped shows for broadcast through the media

Cost/benefit

With an estimate of the expected need in hand, the affiliate can then estimate two crucial factors: (1) How much time and other resources will the affiliate have to expend to recruit, select, train, schedule, supervise and reward the volunteers? (2) How much time and other resources will the affiliate save or gain as a direct result of services performed by the volunteer speakers? If the sum total of time and resources saved or gained does not at least equal the expenditures, then the cost will exceed the direct benefit. Of course, there are benefits to the affiliate and the community which do not lend themselves well to cost analysis. Volunteers are a valuable source of political and financial support, both immediately and in the long-run. Experienced volunteers often make good staff members. There also are intangible positive effects which volunteerism has upon the volunteer and the people served. These secondary and intangible effects, however, will rarely justify a low cost to benefit ratio, particularly if the staff is already stretched to its limits.

Recruitment and Selection

Accepting any and all volunteers can be a mistake. Incidents have been documented in which anti-choice groups send members to volunteer at affiliates. In more common cases, educators have spent days, even weeks, training a score or more volunteers -- only to find that few actually serve.

Recruitment

In addition to recommendations from current affiliate volunteers, there are three common methods of recruiting applicants, each with advantages and disadvantages.

1. General public advertising, through papers or public service announcements (PSA's), reaches the largest number of potential volunteers. It also increases the likelihood of applications from undesirable candidates, as well as the number of applications and difficulty of selection.

2. Flyers sent to select groups and specific agencies is an effective approach. The flyers might go to service groups, agencies which place volunteers for other agencies, and to programs which train professionals.

3. The most limited approach involves recruiting solely through local colleges and universities identifying students who can satisfy academic requirements through volunteering: health education, public administration, counseling, social work, nursing, secondary education, social sciences, and so forth.

Selection

The application. Each candidate should complete an application form and receive a short statement about the kinds of duties which the volunteers will assume and the commitments expected in terms of training and volunteer time. The application form should include these elements:

-- name, address(es), phone numbers, and times when available at each phone;
-- weekly schedule of work, school, and other commitments
-- educational and work experience;
-- previous volunteer experience; and
-- references, at least three with addresses and phone numbers.

The interview. Each applicant should have a minimum of thirty minutes in a face-to-face interview with one or more staff members, preferably those who will train and supervise the volunteers.

The interview should be conducted using a prepared list of questions:

Motivation -- Why is the applicant interested in volunteering? Do the candidate's needs/expectations dovetail with the affiliate's?

Philosophy and Values -- Where does the candidate stand on reproductive freedom issues? How does the applicant feel about providing birth control methods to

teenagers? About consent and notification of spouses and parents? About family planning and population growth?

Experience indicates that people from either extreme on these issues make poor volunteers. For instance, people who think any pregnant teen should abort have proven as unacceptable as those who oppose any abortion. Similarly, those who confuse family planning with population control might do better volunteering elsewhere.

Future plans -- Is the candidate willing and able to undergo the training and volunteer long enough afterwards to make the relationship mutually beneficial? Students often have plans to leave town after graduation, which may come in a few months. Be cautious of "If, ..., then, ...," commitments: "If I can find a babysitter then I will come to most of the training sessions."

Skill -- Assess the candidate's verbal expression and ability to "think on one's feet." Ask about skills and experience directly related to the skills needed for prescribed roles and functions.

Problem situations -- Give each candidate a few hypothetical situations to discuss. The best kinds of these questions offer no clear-cut course of action. For example:

a. You are giving a talk on birth control at a church youth group. With the leader in the room, one of the students asks what a young girl should do if she is approached sexually by a relative. What do you say?

b. You are giving a talk to a service club about Planned Parenthood. Someone in the audience pointedly asks, "Is it true that my 14 year old daughter can get the pill from you without my knowledge or consent?" What would you say?

c. You are about to give a program for 50 sophomores at a high school. The film which was supposed to consume half of the class time got lost. What do you do?

The candidate's personal sexual behavior or history is not important. The candidate's comfort discussing the variety of topics Planned Parenthood deals with, and his/her ability to remain respectful and tolerant of differing views is very important.

Acceptance. After the interview and reference check, the candidates should clearly understand their status: either referred to another area within the agency for possible volunteer work, accepted as speaker trainees, or rejected for volunteerism with the affiliate.

Rejecting applicants and "firing" trainees or volunteers is difficult but unavoidable. Delaying the inevitable often proves more painful for both the agency and the candidate/trainee than frankly ending the relationship when good judgment indicates the necessity.

At the point when the affiliate is ready to accept the candidate as a trainee the two parties should complete a letter of agreement. A sample letter is included here.

Sample Letter of Agreement

Welcome aboard! We are pleased to include you among the volunteers who provide so many valuable services for our affiliate and our clients.

At first you will be a trainee. When you successfully complete your training program you will be given regular duties. Your training program is scheduled for the following dates and times:

Day_____Time: from_____ to_____

Following your training program we are asking you to give_____hours of your time per week. We also need to know approximately how long you will be able to continue volunteering with us; at least until_____.

We ask that you give us as much notice as possible when you are prevented from attending a training session or meeting a commitment. We would appreciate a minimum of 24-hours advance notice. Please, call_____ at home_____, call the affiliate at_____ and ask for_____or leave a message.

Records of the hours which you give as a volunteer are important to us and they help us know when you are eligible for special recognition for your service. Please, sign your time sheet each time you volunteer time.

Confidentiality is very important at Planned Parenthood. NEVER discuss ANYTHING about a patient, not even the fact that he or she is a patient, with ANYONE.

We hope you feel a sense of satisfaction about your volunteer work for Planned Parenthood. In addition to that, we can provide you with these other benefits:

1. If you need a letter of recommendation, ask the staff person who worked most closely with you to provide one.
2. If you want to take on more responsibilities, or if you want to do more kinds of volunter work, feel free to ask us about other opportunities.
3. Planned Parenthood has staff positions open from time to time. If you would be interested in applying for openings for which you qualify, let _____know about your interest and we will keep you informed. You can also check the bulletin board in_____ from time to time to see if any new openings have been posted. Your service as a volunteer is a plus when you apply for a job with Planned Parenthood if you qualify for the position.

Please, keep your copy of this letter handy, so that you can refer to it if you need a phone number or other information.

Volunteer for Planned Parenthood

Date_____

Training

Based upon the roles and functions set forth for the volunteers, the tasks they will perform and the skills they will need, list outcome objectives for the training. That list should specify the tasks that volunteers will be able to perform and the knowledge they will have after training.

Next, perform a needs assessment among the trainees. The assessment should include two components: a knowledge test, and a questionnaire about skills needed and task performances to be covered. The results of the knowledge test will provide not only a picture of the overall group but also identify those whose knowledge level falls far below or far above the rest of the trainee group.

The training program should include the majority of the following components. Additional topics should be included to meet individual affiliate needs.

I. Introduction to Planned Parenthood

A. History of Planned Parenthood, both national and the affiliate

B. Planned Parenthood's philosophy and policies

1. On various issues related to reproductive freedom and acess to services
2. Confidentiality

C. Interrelationships among

1. the local affiliate and its branches and chapters
2. the statewide Planned Parenthood organization, if there is one
3. Planned Parenthood Federation of America
4. International Planned Parenthood Federation and Family Planning International Assistance
5. Other local, state and regional family planning agencies/ organizations

D. The local affiliate

1. Its structure; the board, staff, and non-board volunteers
2. Annual budget of income and expenses; the meaning of non-profit
3. Services offered and patients served, including costs, procedures for making appointments and obtaining services
4. Policies related to any item listed above

II. Basic Factual Material

A. Human reproductive anatomy and physiology

B. Contraception

1. All currently available medically approved methods (including Fertility Awareness, sterilization)
   a. Mode of action
   b. Common reasons for method and user failures

c. Convenience factors
d. Relative theoretical and use effectiveness

2. Local affiliate's use instructions

C. Sexually transmissible diseases (STDs)

1. Both the venereal diseases and the other STDs
2. Symptoms, treatments, transmissibility
3. Local sources of treatment, affiliate's practices

D. Legal matters

1. Patient's rights and responsibilities
2. Agency's rights and responsibilities
3. Law related to reproductive freedom and access to reproductive health care
   a. Informed consent
   b. Parental, spousal, and legal guardian's consent/notification

E. Abortion

1. History of legal and illegal abortion
2. Procedures and risks
3. Local services available, including fee ranges

F. Pregnancy

1. Basic developments and changes for mother and fetus by trimester
2. Maternal self-care and fetal health
   a. Substances, diet and exercise
   b. Prevention of birth defects
3. Childbirth and immediate post-partum period

G. Sexual orientations (bi-, hetero- & homo-sexuality)

1. Definitions and relationships along the continuum
2. "Causes" and related political and religious issues

III. The agency's and the volunteer's rights and responsibilities

IV. Skill development

Should focus upon skills needed by the volunteers based upon the roles and functions set forth for the speakers' bureau. Each skill should be described, demonstrated, practiced, and then evaluated by both peers and trainers. (See Chapter 8).

V. Observation and supervised practice

Each volunteer should be required to observe at least three sessions, similar to the ones they will present, by at least two different speakers or trainers. Then, each volunteer should make a minimum of three presentations while a staff member observes; experience has shown that some volunteers may need more than three. Some training programs offer an

opportunity for trainees to make team presentations with a staff member as a transition between observation and practice. The supervised practice should occur in settings as realistic as possible, as close to the actual situations which the volunteers will experience as can be provided.

VI. Evaluation

The training should be evaluated with respect to:

A. The content and process, in terms of both trainer and trainee feedback

B. The quality of the presentations given by the volunteers, both during supervised practice and during their service after training has ended.

C. Cost-effectiveness. Within a period of about 6 months, did the time consumed by the volunteer selection and training get offset by time which staff members were freed for other duties through services provided by volunteers?

Whenever possible as many affiliate officers and staff as possible should be involved in the training. Even a short welcoming speech by the executive director, other administrators, and board officers makes the volunteers feel important and needed. Presentations on specific material should be made by the most qualified staff person, such as a nurse practitioner covering clinic procedures, contraceptives and patient services.

Rewarding Volunteers

Regular, sincere expressions of appreciation, formal and informal, are essential and increase the longevity of many volunteers' service. The staff person responsible for supervising and scheduling volunteers should take the time and effort to thank each volunteer each time they provide a service. Annually, the affiliate should recognize all of its volunteers through an informal social function. Certificates, small gifts and other forms of recognition are important ways of saying 'thank you.'

Not enough can be said for the esteem which comes from volunteering one's time. However, when the recognition comes from others, the esteem building is even more remarkable. From its beginnings Planned Parenthood has been an organization dependent upon the service of volunteers. They deserve gratitude, expressed openly and warmly.

Chapter 5

FUNDING AFFILIATE EDUCATION PROGRAMS*

J. Steven Kirkpatrick

Funding for Planned Parenthood affiliate programs, in all areas, might be divided into two areas: Before Title X (BTX) and With Title X (WTX).

Title X became a part of the Public Health Service Act in 1970, providing Federal funds specifically for family planning. Other titles of the Act (V, XIX, XX) have at times also provided funding for Planned Parenthood affiliates.

As this was written in late 1981 the trend in public policy was to cut government funding for family planning under Title X. That trend continues. State and municipal governments already have made similar cuts in social service programs or must shortly reconsider their funding patterns in response to the Federal lead.

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*Much of the chapter is borrowed from the Planned Parenthood Affiliate Fund Raising Manual (1984) edited by Margurite Gilpatric, Director of Affiliate Resources and Special gifts, Resources Division, PPFA, who graciously consented to the use of her materials and who reviewed the manuscript of his chapter for accuracy. The reader is urged to rely upon the Affiliate Fund Raising Manual for more detailed information on each of the various topics included in this chapter. All quotations marked with an asterisk (*) in this chapter come from the Manual.

While Congress reauthorized Title X as a separate program in 1981, exempted from merger with other health programs as a "block" grant, the annual appropriations battle over actual funding levels will continue. That Title X funds will be cut is certain; how much will be cut is less sure.

In the era BTX, some Planned Parenthood affiliates offered education services only. The WTX era has enabled many more affiliates to start offering medical services; currently, all but one offer both.

Throughout both years affiliates have operated with three major sources of funding: 1) Fedral and state government money; 2) fees for service charged to clients and consumers; and 3) donations.

The WTX era saw affiliate budgets expand, the list of services provided lengthen, and the dependence upon Federal and state dollars grow. The percentage of the individual affiliates's budget which comes from government funds varies widely, from none at all to a majority.

In keeping with Planned Parenthood's By-laws and traditions, each affiliate board of directors decides on the mix of programs and services to be offered, given the money available or projected to be raised.

This chapter is about how affiliate staff, board, and volunteers can work as a team to fund education programs. More specifically, this chapter is aimed at helping affiliates continue their commitments to educational programs, a commitment outline in the Standards of Affiliation section of the Federation's By-laws and in the Title X education guidelines (See Appendix B). One consequence of the deliberations of the Task Force on Criteria for Education was that the recertification review process for Planned Parenthood affiliates now has criteria for funding of educational programming, included in the examination of education at affiliates (See Appendix B item 10.3).

Setting Income Goals

Obviously, fees and donations will have to bridge the gap in an era of reduced money WTX, or in the event that there are no governmental funds for family planning.

Both products and sevices can generate income. A product is a tangible object sold to recoup, at minimum, the expenses of acquiring or making it. Affiliates have made or brought and then sold a variety of products: T-shirts, pamphlets, films, books, slides, records, tapes, balloons and bumper stickers.

Services mean programs or professional assistance offered for a fee: workshops, consultations, lectures, curricula, film rentals, and so forth.

A very few affiliates support their entire education programs without government money, and have done so through both the eras BTX and WTX. Some do this with products, others services, some with gifts and grants, some with a combination.

As family planning program budgets shrink so may the market for products, while the competition for the dollar will increase. Can affiliate education programs become and remain totally "self-sustaining" -- cover all expenses with equal income from fees for products and services? While certainly a goal worth

striving toward, the chances of affilaite education programs becoming completely self-sustaining seem remote at best.

However, programs can continue at their current levels and even expand in an era of less government support. This goal is attainable through increased income from fees for products and services augmented by redoubled cooperative efforts at fund raising of educators, administrators, and affiliate fund raisers working as partners.

In each case, however, careful planning precedes each successful attempt at generating income with either a product or service, or through fund raising.

Planning

The initial planning must include a three-year plan for the educational program of the affiliate. This plan will not only prove vital when deciding questions surrounding generating fees, but also in fundraising efforts.

Sections 2 and 3 of The Magic of Structure (see Appendix F) will provide excellent guidance as to the long-range planning process, culminating in a three-year plan and leading to short-range plans for a year or less.

With specific priorities, goals, and objectives for the short-range plans the affiliate can begin to make policy and program decisions about offering educational products or services for fees.

Some of these decisions will be at the policy level, made by the affiliate board or its committees, in consultation with the staff:

1. How much of the affiliate's other resources will be devoted to education? In other words, where will the affiliate strike a balance between a) what it wants to do educationally, b) the greater educational needs of the community, and c) how much financial commitment it can realistic ally make to education?

2. How much will the planned educational program cost? (Section 3.3.3, pp. 47-51, of The Magic of Structure will prove helpful.)

3. After subtracting predicted or expected government funding to supprot educational programs from the total planned expenditures, how much remains to be covered by fees and donations?

4. How much in donations can the affiliate generate to support educational programs from: a) unrestricted funds (given by the donor without specifying for what they must be spent: and b) funds raised specifically for educational programs (restricted funds for education)?

Setting Fees

The cost and task analyses suggested above (see The Magic of Structure, pp. 47-51) will help predict costs for a given product or service. These figures will then suggest the fee needed to 'break even,' recoup the cost of a product or service.

Example 1. Suppose that an affiliate produces 5,000 copies of a pamphlet encouraging parents to communicate with their children about sexuality. Taking into account all outlays to produce, market, and distribute the pamphlet (personnel, travel, phone, 'overhead,' printing, postage, spoilage, ads, samples,...) suppose one has 4,800 copies to sell which cost a total of, say, $1,912. Dividing $1,912 by 4,800 yields a cost of 39.9¢ per pamphlet. That price would enable the affiliate to recoup its cost to produce the pamphlet and sell it, assuming all 4,800 copies get sold.

Suppose that the affiliate wants to generate income from selling the pamphlet to support activities operating at a net loss (cost exceeds income). What price should the pamphlet sell for? 41¢ 45¢ 90¢?

The answer must clearly depend upon the same two questions which any seller must answer when pricing a product: 1) What will the market bear? 2) How much income must be generated to stay solvent; in this case, to support the other activities which do not support themselves?

The market will bear only so much, reflecting the amount of money buyers have available, the need for a pamphlet on the specific topic, the competition already in the market, and how well sales might be expected to go (slow sales over a long period or large orders early.)

As with any prediction, some error is inevitable. However, the more data available to answer those two questions, the less error there will be.

This planning process may lead the affiliate to decide that publishing the pamphlet may produce less income than putting the same money into savings or purchasing one for resale. Yet, there may be other returns on the investment, such as improved public relations.

Example 2. Suppose an affiliate has made the policy decision to work with parents, offering workshops on communication about sexuality within families. A cost and task analysis (See The Magic of Structure pp. 47-51) reveals that one, eight-hour workshop, regardless of the number of paticipants, will cost $700, plus $3.50 per trainee for educational materials. In addition, subsquent offerings of the same workshop will cost $550 (plus $3.50 per trainee), because planning and preparation time will be less.

What, then, should the educators charge each trainee? To answer that question, the educators need to estimate three things:

1) the demand -- the number of persons they expect to enroll;
2) the going rate for training in the area -- how much others charge for an eight-hour workshop for that audience;
3) the amount of money they must generate as net income, if any, to support other programs and services operated at a net loss.

Suppose the going rate for a one-day workshop is $35. If 22 people attend and pay $35 then the income will offset expenses:

Income:	Expenses:	
$35.00 per person	Basic cost of offer workshop	$700.00
x 22 people	22 packets of materials @ $3.50	70.00
$770.00		$770.00

TABLE 5.1: EDUCATION DEPARTMENT - WALLA WALLA PLANNED PARENTHOOD PROGRAM/CONSULTING FEE SCHEDULE

All fees should be flexible and open to negotiation. Any donation should be accepted in lieu of the specified fee.

	WW School District	Other Schools	Private Groups/ Clubs	Colleges	Business	Service Agencies
Clinic Slide/Tape	0	0	0	0	0	0
Films	0	7.51	7.51	10.73	10.73	10.73

Film and Speaker (Same as above plus amount determined below).

First presentation (within 12 months)	0	0	0	0	0	0
Second presentation						
1 hour	0	0	0	15.00	15.00	10.00
2 hours	0	0	0	20.00	20.00	15.00
3 hours	0	0	0	40.00	40.00	35.00
4 hours or more in same day	0	0	25.00	50.00	50.00	50.00
Series	0	0	0-50.00	50.00-100.00	50.00-100.00	25.00-75.00

These fees will be channelled back into the Education Department to cover costs of film and pamphlet purchases and materials provided for presentations.

Note that any less than 22 people will result in a net loss to offer the workshop; that is the "break even" number. Therefore, if the estimated demand does not exceed about 25 people, offering this workshop cannot produce net income.

As a matter of policy the affiliate board or its committees may decide to offer the workshop nonetheless, committing the affiliate to pay for this service to the community by other means. The affiliate may decide that it is only willing to offer the workshop if it will pay for itself, or, only if it will generate income, depending upon its opinion as to how important this particular service can be in its overall plan.

Selling the Program

The world may "beat a path to your door" if you invent the proverbial better mousetrap, but no one will come to buy it until they know it's available. And, of equal importance, the cost of letting the world know about that better mousetrap must be included in its price.

People will not attend a program or buy a product until, first they know that it's available, and, second, know that they may benefit from it. In the words of a wise executive director, "Even when they know they have a need we have to create a want;" we have to make them aware that our program will fulfill their needs. All of the various means of advertising have been used by affiliates from time to time: newspaper and magazine ads, flyers, posters, newsletters, catalogs, press releases, billboards, PSA's on radio and TV, and, of course, word of mouth.

The advertisement must sell the product or service. The flyer, poster, PSA's or whatever must present the product or service in the best light possible, attracting the attention of as many potential customers as possible.

Hand lettered flyers on white paper, reproduced on a mimeo machine, give consumers the impression that the product or service is poor at best. Slick, typeset flyers on glossy paper with art and photos leave the impression that the affiliate has a high-quality offering to the consumer. (See Chapter 11.)

Since this chapter was drafted, the fiscal crunch has made many more affiliate educators aware of the need to generate income as a result of programs. Charging for educational services seems to go against the grain for many people. "How can I ask this group to pay when they are so poor and need the information so much?", or "If I had to charge the schools, we'd never get into another classroom." Nonetheless, it can be done. Planned Parenthood of Walla Walla, for example, has a program/consulting fee schedule (Table 5.1) which might be adopted for any agency. They include fee structure as a matter of course when holding discussions about offering programs. Planned Parenthood of Metropolitan Washington, in their Handbook for Educators, has a clearly defined policy on fees (Table 5.2)

Education programs at PPMW will never be self-sufficient, but it is important that every effort be made to generate income from appropriate programs.

The primary goal of the education department is to provide services, not to raise money. It is essential to assure that no organization or person be denied education services because of an inability to pay. In order to improve our ability to provide programs in the public schools, no public schools are to be

charged fees. In addition, organizations requesting talks on Planned Parenthood of Metropolitan Washington which are primarily promotional in nature should not be charged.

Educators have the discretion to waive fees for single sessions. Fee waivers for multiple sessions should be discussed with your supervisor. Organizations without training funds should be asked to consider an inkind donation. This might include film loaning, xeroxing, travel expenss, or providing an inservice training at PPMW.

TABLE 5.2 Sample Fee Schedule from Planned Parenthood of Metropolitan Washington

The 1984 fee schedule is:

Speeches	$10-$75 (exact fee to be determined by educator in consideration of organization and role)
Training workshop	$150/day, $20/hour rate
Professional training	$10-$50 per participant, depending on target group
Workshops	$2-$5 per session per participant, family discounts encouraged
W.A.I.T.T. [Teen theater]	$75-$125
Special Events	Fees to be set so that expenses from the event are covered by the revenue generated

The Resource Center charges a handling an maintenance fee for its lending services. Films are $10 to borrow for a three-day period; this charge helps offset the costs of cleaning film and replacing leaders. Borrowers can elect annual Resource Center membership which allows them unlimited use of films. This fee can be appropriated on a six-month or school-year basis. A $2.00 handling fee is charged on other audio-visual materials, such as flip charts, models, and contraceptive kits. A postage and handling charge of $2.00 is added to the cost of the books we offer to the public. Single copies of pamphlets are free, but bulk copies are only provided at cost plus postage and handling.

Examining the typical affiliate situation realistically, charging fees will be unlikely to make the education program self-sufficient if Planned Parenthood is to continue its tradition of serving groups who cannot afford the service elsewhere. Certainly, some fees for products and services can be collected, helping to bridge the gap between desired levels of programming and shrinking income from government sources.

Just as clearly, however, donations from a variety of sources, will become increasingly necessary to fund education programs of the quality to which Planned Parenthood has committed itself, in sufficient quantity to have a significant impact.

Fund Raising for Education

Interviews with national and affiliate Planned Parenthood fund raisers who have a combined total of over 100 years' experience make three things abundantly clear:

1. Educational programs offer excellent fund raising themes.
2. Educators generally know little about fund raising. Fund raisers know relatively little about what Planned Parenthood educators are doing, the kinds of programs and services they are offering.
3. Fund raising efforts focusing on education have worked and will work!

Partnerships

Fund raising for educational programs will yield much more income if educators and fund raisers form a partnership, pooling their skills and knowledge. Educators need to seek interviews with fund raisers, invite them to attend education staff meetings, relay program ideas, plans, and successes to fund raisers. Given a solid 'case' -- a political issue, a demonstrated need, an innovative idea -- fund raisers can generate income to support educational programs.

Therefore, educators need to know some basic facts about fund raising so that they can help fund raisers build a solid case. The remainder of this chapter will be devoted to a basic description of how Planned Parenthood fund raising operates, with emphasis upon and examples from education.

This discussion is intended to motivate educators to work more closely with the affiliate's total fund-raising effort.

The 'Case'

'A 'case' is quite simply an agreed-upon program and its proposed implementation, its relevancy, its financial needs. ...[B]riefly it states what the problem is, how the Planned Parenthood affiliate proposes to deal with the problem and what support is needed from the private sector to make this possible.

'The 'case' for Planned Parenthood is today one of the most vital and relevant among fundraising causes'. And, education is one of the stronger elements of a solid 'case' for any affiliate. Writing a 'case' to support educational fund raising will prove a relatively easy task for the experienced fund raiser, if given a good three year plan for an affiliate's educational program.

In fact, a well written, attractive three year plan can augment grant proposals, personal solicitations, and help generate letters for support. Thus, a three year plan, and more specifically, a short-range plan for a year, is an invaluable and unavoidable first step.

This solid 'case,' along with effective and committed leadership, are the first two prerequisites for a successful fund raising campaign.

The Plan

Annually, each affiliate which conducts its own fund raising campaign holds numerous meetings to plan its campaign. Each of the methods for soliciting

donations -- advance gifts, direct mail, membership drive, special gifts, corporate campaign, foundation grants, special events, bequests -- is put on a calendar. Committees are formed to oversee and conduct each effort. Each solicitation process is timed and all are coordinated toward reaching a final goal, a set amount which the affiliate plans to raise.

This planning and committee-forming process traditionally has been the province of the affiliate board, the administration, and volunteers who serve each year during the fund drive. Educators need to convey their plans and discuss their needs with their executive directors when this process of planning and goal setting occurs. With solid short- and long-range plans from the educators, approved by the executive director and the affiliate board, the fund raisers have all the more data to set their goals and build their "case."

Publicity

"In most affiliates, fund raising and public relations are separate, in which case fund raising staff and volunteers should work closely with their Information and staff counterparts." (See also Chapter 9.)

Newsletters are an important means of publicizing the fund raising effort, especially to current and past donors. Each issue should highlight important programs the affiliate undertakes, including education.

Fund Raising Methods

Educators need a familiarity with the array of fund raising methods used by affiliates, not only so that they will speak the fund raisers' language, but also so that they can translate program ideas into fund raising suggestions.

1. Advance Gifts: "A campaign to raise funds before the general drive, this solicitation is a form of Special Gifts solicitations made among board members and good friends. The purpose is to raise a sizeable part of the goal before going to the public for funds..."

Typically conducted through personal visits, along with a smaller number of personal letters and phone calls, the Advance Gifts Campaign tests the "case". Since donors give for different reasons, various parts of the case are emphasized and tested with different donors. While some donors feel uneasy about Planned Parenthood's stand on some issues, such as the right to choose abortion or providing services to young people, few will balk at supporting preventive education.

Thus, the advance campaign not only offers a good test of the "case" for educational donations, but also may enjoy more success if education programs are stressed.

2. The Kickoff: Following the successful Advance Campaign, the affiliate holds a luncheon, dinner, or press conference to announce and begin the public portion of the fund raising effort. The kickoff serves to get publicity, enthuse workers, and "generally set an atmosphere of urgency."

In the attendant publicity many affiliates emphasize their program successes and impacts, such as the school or community acceptance of sexuality education,

the attendance at workshops, the requests for training, the positive publicity the affiliate has received and the numbers of people they have helped with services.

3. Direct Mail Campaigns: "The mail campaign, while a costly form of fund raising, is well worth the initial expense because it uncovers new names for cultivation of special gifts and bequests and locates donors whose continued support will more than pay for the initial expense."*

Usually sent bulk mail, each piece includes a letter asking for support along with a business reply envelope for the donor to return. Typically, the letter abstracts the affiliate's "case" and offers various "check off" options for donors: e.g. $10 pays for a Pap smear for one woman; $25 pays for a pelvic examination; $50 enables an educator to provide family planning education for 10 people; and so forth through $75, $100, $200, etc.

"Prospecting" or "cold mail" letters are sent to newly acquired lists of potential donors, in an effort to broaden the base of support, and to add names to the "renewals" lists of established donors.

"Renewals" mailings are often sent more than once a year, with the second mailing focusing upon some more specific issue, such as a justice fund to improve access to reproductive care for indigents or to gather support for public affairs efforts in general.

The current and foreseeable political climate lends itself well to special letters on issues related to education: "Freedom of information" issues; support for sexuality education; money to help prevent unintended adolescent pregnancies through education.

4. Special Gifts: "Conducted at the same time as the mail campaign, and immediately following the kickoff event, persons to be solicited in this campaign are selected from the mailing lists. Ideally, the special gift is obtained when one person pays a personal call on another person and convinces him [or her] that she would give substantial support to the organization."*

The solicitors in the Special Gifts campaign should be well versed in the "case" and be able to answer the tough questions about Planned Parenthood's efforts. Again, educational programs and efforts should provide a valuable part of the "case" and solicitors should approach those donors most likely to support educational efforts by emphasizing the preventive nature of educational programs.

5. Corporate Campaigns: Conducted throughout the year, the campaigns involve approaching corporate donors at times convenient to the donor, coinciding with their budgeting and grantmaking. Peer solicitors work best in this campaign, employing business and social contacts, cultivating them over the years.

Many corporations are cautious of their public image when giving. Thus, soliciting gifts which support education, and its preventive impact, may lessen the concern over the implications of the gift.

Fund raisers can sometimes get restricted gifts from corporations to support a specific educational initiative, much like preparing a grant proposal for a foundation.

6. Foundation Giving: A foundation is a corporation established to distribute income from investing a large initial endowment, which may come from a family fortune, a corporation's profits, or other sources. The endowment may be fixed or may grow as more funds are added to the initial capital.

Foundation gifts are called grants, and are solicited through a formal document called a grant proposal. While writing proposals is clearly beyond the scope of this chapter, there are several excellent sources of advice listed in the resource division manual, and the development or fund raisers in an affiliate may know of more.

Briefly, a proposal consists of a request for an exact, carefully justified amount to implement a specific program plan. The proposal takes many different forms, usually including a summary (synopsis), introduction about the agency and its programs, statement of the problem, proposed solution, strategies for evaluating the program/solution, and a line item budget. Attachments often include resumes of program personnel, agency budgets, proof of tax exempt status, and other supporting documents -- especially the education 3-year plan.

One does not write a proposal and then mail it to several foundations, "fishing" for support. Rather, fund raisers appraise the foundations' prospects for support by using reference materials and, more importantly, through their network of contacts. Then, after a likelihood of support is uncovered, an initial contact is made and specific programs discussed.

Foundation's boards of directors review the proposals and make final determinations. However, most foundations have professional staffs who make the initial contacts and through whom proposals are transmitted to the board for action.

In the initial contact interview, following a query letter, the foundation staff will usually discuss very frankly what the board has chosen as its top priorities. This suggests the kinds of programs which are likely to be funded.

Foundation grants may fund a program for less than a year, as long as several years, or any period between. They may vary in amounts from a few hundred or a few thousand to tens or even hundreds of thousands of dollars.

Some foundations give "challenge" grants, a few thousand dollars to enable the recipient to develop a more lengthy proposal for a new method of approaching a problem, or for a short-term trial of a new approach.

Many fund raisers approach several donors with the same proposal, asking each to provide a part of the support so that the total of two or more grants will cover the whole cost of a program or project.

Soliciting foundation grants is a process requiring teamwork among educators, administrators, and fund raisers more than any other area. One well-proven approach is for educators to draft the program idea, even a first, rough draft of the proposal, then turn it over to the fund raisers for fine honing into the appropriate form.

However, educators must regularly discuss funding opportunities with fund raisers, suggesting ideas for fund raisers to use in query letters and with contacts in the fund raising network. Every educator-fund raiser team should have an array of program ideas which they regularly discuss and update, seeds

for proposal ideas which represent demonstrable needs with constantly up-dated, documented need statements.

7. Special Events: Benefits, sales, and other special projects are often used to raise money. They range from the traditional 'bake sale' to operating 'thrift stores' to sponsoring rock concerts for 50,000 people, or annual events like the Planned Parenthood of Mid-Iowa book sale.

Careful, complete analysis of the potential benefit to cost invested is essential when considering a special event. While special events can raise large sums, too often they finally produce income smaller than the minimum wage, even less than $1 per person hour invested in planning, preparing, and conducting them.

Many special events are held primarily or solely for public relations purposes, without any illusion that they will raise much money at the time. The public relations benefits, however, may bring contributions later.

SUMMARY

As with any other affiliate program, funding education requires frequent, good communication among affiliate staff, administration, board and fund raisers. Each needs to be aware of the other plans, possibilities, expectations, needs, and activities.

The methods for ensuring that this communication occurs smoothly vary from affiliate to affiliate, depending upon the management style employed and the ways tasks and responsibilities are divided. Success, regardless of style, will depend upon teamwork, well written plans, and a basic commitment to education, shared and supported by everyone associated with the affiliate.

For further information refer to the PPFA Fund Raising Manual, 1985. Another resource is the Foundation Reference Center, with reference collection at:

888 Seventh Avenue
New York, NY 10019
(212) 975-1120

1001 Connecticut Avenue N.W.
Washington, D.C.
(202) 331-1400

Kent H. Smith Library
39 National City Bank Building
629 Euclid Avenue
Cleveland, OH 44114
(216) 861-1933

312 Sutter Street
San Francisco, CA 94108
(415) 397-0902

Chapter 6

COMMUNITY EDUCATION

Carol Cassell

Community education is dynamic, varied, and often rewarded with the soft sound of applause filling the air. The field is still developing its potential; it is full of promise and allows for creativity. It contains the fun of using the latest "gadgetry," such as video playback systems, etc., and the satisfaction of being involved with people of all types and ages.

This chapter has a twofold purpose: 1) to provide practical help in designing and improving community education components of the total education program and 2) to approach questions like these: What are the dimensions of the field? How does the educator decide what to do when? What data are needed for producing and conducting community programs?

Perspective of the Field

Far too often community education equals scheduling a speaker, showing a film or producing a poster on the assumption that providing people with the truth, with the facts, is all that's required to "educate them." However, if information alone led to action we would not have problems with smoking or obesity, and we would all fasten our seatbelts. Education goes beyond facts to help develop sound decisions and practices. Education differs from information-giving because it has a specific message(s), and it provides people with an opportunity for learning by interacting.

Definitions of Planned Parenthood community education vary from affiliate to affiliate and from educator to educator. Here are just three:

1. The combination of methods and strategies employed by educators which aim at increasing knowledge and effecting voluntary actions in the health field.

2. Programs concerned with the way people think and live, and with the voluntary decisions and actions they take to achieve the individuals' and family's health and well-being, enabling each to contribute effectively to the social development of their local, national and worldwide communities.

3. A process with intellectual, psychological and social components designed to promote the health of individuals and groups. This process, based on scientific principles, results in learning and voluntary behavioral action.

Community organization models

Because community education is so dependent upon how we approach the community, a brief outline of community organization models follows. Overall, there are three basic approaches to community organization that are relevant to community education:

1. Social Action: confrontation and negotiation are used to organize and mobilize people; the 'clients' are viewed as 'victims' who need help to organize and exert the power of their numbers; use when there are hostile groups or when differences can't be resolved through discussion.

2. Social Planning: community problems are approached through organization of technical resources to solve those specific, routine problems, 'clients' are seen as consumers of services; factual information alone tends to solve the problem.

3. Community Development: consensus is a vehicle for helping the community in determining and solving its own problems; 'clients' participate as citizens of the community in the problem solving process; use when populations are homogeneous or there is sufficient consensus among groups that discussion can resolve differences.

(For a more extensive discussion, see: Jack Rothman. An analysis of goals and roles in community organization practice. Social Work, 1964, 9(2), 24-31.)

Examples: When enhancing the community sense of responsibility and confidence is the objective, such as in promoting sexuality education, Community Development would be employed. When the need is to make long-range and potentially difficult institutional and structural change, e.g., allowing teens access to contraceptive services at county health clinics, Social Action might be better. When the goal is to solve specific short and middle range problems, e.g., providing information about teen pregnancy to other social agencies in an effort to increase services to teens and reduce teen pregnancy, Social Planning may be the best approach.

Certain 'mixtures' might be more feasible than others, depending upon the situation. A synthesis of Community Development techniques and Social Planning techniques is usually fairly easy to effect. Sometimes relationships begin in one model and at a later stage move into another. For example, neighborhood Social Action agencies may be required to draw up a Social Plan in order to fund

desired projects from foundations or government offices; Social Planners may decide that the most effective way of solving the problem of resistant attitudes towards sexuality education is through a community wide discussion and participation in developing a program -- a Community Development appproach. There is an absence of research and experience to confirm the superiority of one model over the other in community education programs.

An approach which combines some of each method -- both for specific problem solving and for developing the capacity of individuals in the community to learn about family planning and human sexuality -- is probably the best.

Value concepts. Each development model reflects different value concepts. Each of these models also makes assumptions about the nature of the community situation, the target audience, the community's population, the goals of the program, and the appropriate strategies for action. The models may be characterized as:

- Community Development -- 'Let's all get together and talk this over.'
- Social Planning -- 'Let's get the facts and take the next logical step.'
- Social Action -- 'Let's organize and put on the pressure.'

Against this backdrop, the Community Educators have to take account of their personal assumptions and values -- their own mind-set -- about people, organizations and the community system of privilege and power. It is also important for community educators to know why they favor one mode of action over another. The practitoner of Community Development will likely cherish the aspect of a value system that emphasizes harmony in communication and in human affairs. On the other hand, a Social Planner will build upon social values that encourage rationality, objectivity and professional purposefulness. Social Activists commit themselves to values that stress social justice and equality, seeking similar commitments from others.

The most important factors in community education are the persons involved in implementing the program. An understanding of the influences of beliefs, interests, motives, values, perceptions, expectations, knowledge, norms, morals and attitudes of others is essential.

Ground rules for Community Education

Every community is different, and within each there are literally hundreds of 'subcommunities.' Hence, a good community education program is dependent upon: (1) understanding the community; (2) understanding strategies for community education; and (3) selecting the right format for conducting programs.

The old analogy of the traveler and the map applies here. Travelers who have a general notion of where they are going might ask, 'Why bother using a road map?' Although you know where you are going, a map shows alternative routes, how close you are to your destination, where to look for landmarks and how rough the terrain will be. Gas and time are valuable resources. With a map you will go farther and faster. Community education programs are similar. They have limited amounts of resources: time, money, materials and people. Choices and priorities must be made clear to get the most from these resources.

The first and most time consuming step is gathering information on the community. Who are the key people? Where are the key institutions? What problems

exist? What is the community's perception of these problems and their recognition of the need for programs? Are there economic resources to support programs? What political factors might have an impact on the program?

Collecting data. The list of data needed and how to obtain the data to really know a community could be enormous. There is no attempt to make a complete list here, just a brief outline of what you need to make an "educational diagnosis" to provide community education. You'll find that much of the information you need has already been collected and can be found in reports, records, surveys, census data and other information that has been collected about the community.

Descriptive information might include demographic and economic statistics; social and cultural characteristics such as beliefs, customs, events; patterns of community participation; social organizations; and leadership patterns. It could also include any evidence of cooperation in previous health-directed efforts and in environmental characteristics, mobility of population, and the type of media available.

Some of the basic demographic facts needed include: total population tabulated by age, sex, educational levels, marriage and divorce ages and rates, school attendance, transfers, and enrollments at each school. (Chapter 4 of The Magic of Structure gives helpful suggestions on where to find these data.)

Compiling the community's fertility and family planning statistics is the foundation for making a community educational diagnosis. Seek answers to questions such as: (1) Contraceptive use and non-use in your town, city or country, i.e., rates of unintended pregnancy, number of births to teens, number of abortions, types of contraception used by different ages, etc. (2) Premature infant birth rate by age of mother. (3) What is the proportion of current contraceptors in the community? (4) Which are the groups/ages/locations in which unintended pregnancy occurs most? (5) Which group has the most need? (6) Where do you have to provide community education to reach the groups you want to reach?

Then you need to find out how these data relate to statewide and nationwide averages. Research what the community education program has done in previous years, particularly the year before you came aboard. Check correspondence. Look for any requests for programs and any feedback reported on the successes or failures. Get an idea of who did what. An examination of the files and records will be helpful, but unless reports were accurately kept you may not be able to arrive at a real appraisal of what has been done and what needs to be done.

It is important to know that not all data has to be collected before you can begin to plan your community education program. Even a small amount of information is enough to get you started. And the types of data suggested here are only to stir your thinking; obviously you'll have to select the data that is most appropriate to your own program. You need to find out about the people you need to reach -- where they live, meet, work or study. This descriptive information about the community can be used in a variety of ways: fact sheets, brochures, flyers, and last, but not least, in the overall background explaining your plans.

Identifying target audiences. Make an inventory of the major youth and adult target audiences. A clear identification of the group and types of people you need to reach with what educational message is a decisive factor in making best use of resources. It will focus your educational program. It makes the difference between being in charge of a community education program and being on the run responding to requests in the community.

Start with making separate file fact sheets for each type of group you want to reach then maintain a separate card for each group. An example: list all youth groups then maintain cards for each scout troop, church group, etc.

The action plan. Your assessment of the community has to be put into an action plan. An action plan can outline activities, responsibilities and methods that will form your overall community education project. Table 6.1 presents an example of such a plan. Making an action plan (your basic map) can help you to do a better community education job by:

- identifying your target audience more clearly
- describing what behavior you want them to adapt
- selecting methods and messages to achieve the needed action
- specifying when you wish to reach whom
- listing which steps come first.

Then you need to be able to describe just what it is you want your education program to achieve in the lives of the people you reach. What differences, if any, do you want to make? What differences, if any can you make?

Community Clubs and Organizations. Community programs can have a wide range of activities because there are many ideas and creative people. A "how to" on each aspect of community education would be a hefty volume. Thus, only one aspect of a program -- clubs and organizations -- is highlighted here. Organizations can include: school organizations; fraternities or sororities; businesses and industry; political clubs; service, civic, recreational and occupational groups, and labor unions.

Presentations at community clubs and organizations are not a new idea but traditionally a considerable part of Planned Parenthood's educational efforts. However, there has been somewhat of a tendency to view this activity as a "Speaker's Bureau" one-time, best-shot event. Often, Planned Parenthood is a regularly scheduled club or organization program and a familiar face to members. Not much is expected from the effort. The speaker gives the talk and the members receive the information. While not without merits, that approach isn't worth much.

The approach suggested here is one of "great expectations", because how this activity fits into the overall program, and what will be gained by the effort, is taken into account. Specific objectives and expected results must be planned. The desired action by the members of the club or organization must be clearly defined. The members are considered to be participants in the presentation, not just an audience. The former indicates involvement; the latter, passive receiving of some (often boring) information.

Organized groups can provide much needed support in helping you reach other community populations, in establishing new educational programs, and in expanding various other aspects of your community education program. For example, if a club sponsors a program for young mothers on parenting, you may be able to work out a small contract to provide the faculty, films, and educational materials for a segment on children's psychosexual development, or one on "talking with your child about sexuality." Another possibility for expanding your program is to form a coalition with another organization to co-sponsor a community function, such as continuing education seminars. The work is shared, as are any profits.

TABLE 6.1: SAMPLE ACTION PLAN

A. An action plan broadly defining activities, responsibilities and methods might be set up in the following fashion.

Goal: To develop a community-based sexuality education program.

Short-term Objective	Activity	Responsibility	Purpose	Methods & Media
Gain support of community leaders	Interviews, conferences, written documents, articles	Health leaders, social scientists	Bring facts to attention; enlist support in solving problems	Kit of materials with statistical evidence, case histories, examples
Gain support of service groups	Talks, discussions, programs	Educators, health professionals, youth leaders, agency-based members	Bring facts to attention; involve service groups in the study and solution of problems; enlist support	Talks reinforced with written materials, audio-visuals, newsletters
Help health and welfare agencies to change and begin planning change	Seminars, workshops, study groups, conferences	Administrators, experts, policy-level board and staff	Discuss data, study present practices and needed change, enlist community for change	Wide variety of media: face-to face and small group discussions, audiovisuals, printed materials.

B. Next make a detailed plan for each objective, listing in detail each step, who is responsible, and the specific methods and media to be used. It must include the expected behavioral outcomes of each activity and a time-line.

Most community educators agree that bringing education to people "where they meet" is the most cost-effective way to reach substantial numbers in small group settings. Many volunteers from other organizations might want to participate in achieving your overall goals and, thereby, link their goals for community service to yours.

Getting Started. One of the greatest pitfalls to putting together a program for clubs and organizations is when the same people arrange the same program for the same people year after year. While it may be essential that Planned Parenthood continue to provide programs for the groups in which they have become a part of the annual program (solid relationships, good-will), you need to make some changes to put new energy into the relationship and put some action into the role of the members (the "great expectations" approach). You might expand the parameters of the presentation by including "what you can do" (to be sexuality educators of your children, to support school sexuality education programs). Booking a different topic and speaker can inject new energy into the relationship.

Select the groups you want to work with, and then make a priority list based on your overall educational program goals and objectives. For example, if you want to reach parent groups you would put a priority on those groups that have adult membership between age 21 and 55, generally the years of being actively involved as a parent.

· The concept of priority and productivity based upon your goals and objectives rather than an ordinary "shotgun" approach is really important. Decisions about where to concentrate your community education have to be made first, and must depend upon your current goals as well as your past experience. Consider providing continuing education over a period of time with groups whose members are required (by their credentialing groups, or by state, county, city) to improve professional skills (e.g., nurses, teachers, doctors), and with religious groups and youth organizations which have shown renewed vigor in many areas.

Careful records are essential in a community education program and need to be developed and maintained. Information collected should include:

- listing of all clubs and organizations with their goals or membership requirements.
- names and phone numbers of program chairpeople
- priority groups to be reached based on your goals
- a calendar of meeting schedules in the community
- listing of speakers and discussion leaders available
- programs conducted, persons reached, follow-up needed, etc.

Table 6.2 illustrates one form of a fact sheet on clubs and groups. The File Card (Table 6.3) is an example of how to maintain records, and illustrates a way to keep records of programs conducted. [ed. note: These days, you might keep such information in your agency's computer files.]

Building contact files

First check your affiliate's mailing list. Then, gather information from: the telephone directory (usually, under listings of organizations or associations); Chambers of Commerce; local newspaper city desks; religious

groups; county agricultural agencies; health-welfare educational directories; central trade and labor union offices; and college or university campus directories.

In building the list, it is important to include the names and addresses of the top officers, particularly the program chairpeople, and information on their past participation in Planned Parenthood educational efforts. Unfortunately, program chairpeople are indeed hard to identify; printed lists go quickly out of date, and officers change. But persistence in finding and confirming a personal contact is necessary. Letters addressed to "program chairpersons" may end up in the wastebasket.

Selling the program

Community education programs have to be marketed or sold. The approach is the key to success. To some groups Planned Parenthood's programs are old hat; to others Planned Parenthood is unknown; to others it is too controversial. You should develop a professional pamphlet describing: (1) the width and breath of your educational efforts; (2) the topics you can present; (3) the formats you use; (4) films available; (5) staff credentials; and (6) fee schedules. If possible, include photos of the staff and of actual presentations (a parent group; a teen raising hand for a question, and so forth.

The best time of year to approach groups is between January and June when new club leaders are appointed and programs are planned. Rarely are programs with outside speakers conducted during the summer or over Thanksgiving and Christmas. Sometimes September is the new "club year," for others it is January; find out each club's cycle.

Direct contacts. Mail a letter to your target clubs and organizations, including the name of the person from Planned Parenthood who will call in two weeks and discuss program possibilities. Without arrangement for a follow-up, responses to letters range from five to ten percent, not good enough to pay for the effort. Table 6.4 is an example of such a letter.

An announcement of your current programs can be mailed to groups and to old club leadership. You can include a form for a request for more information. This can be a flashy flyer -- the idea is to get their attention!

Personal contact through telephone or personal visits is always more effective, especially when the educator has some way of being introduced to the program chairperson -- by a friend, by a Planned Parenthood volunteer who is a member of the club, or by a reference to a past Planned Parenthood education program. Whoever makes the telephone call or does the face-to-face follow-up must be well versed in the overall educational program -- its goals and objectives, and who will present the program.

When efforts to arrange a program meet a firm "no" from a club officer or program chairperson, just enter a notation on the organization list. Find out why and try to resolve hesitation based upon misinformation. If you still get a no, wait another year, and when another person takes over, another approach may be made. Someone more receptive is bound to be elected sometime.

Indirect contacts. Host a county or citywide conference or luncheon of club and organization leaders to preview a new Planned Parenthood educational film or as a way for them to be acquainted with your education program. As many

TABLE 6.2: SAMPLE REFERENCE FILE ON COMMUNITY CLUBS AND ORGANIZATIONS

Name of Club	Chairperson	Member-ship	Last Date of Program	Participants	Film	Speaker	Subject	Follow-up
1. Altrussa club of Smithville		25						
2. American Business Women's Assn.								
3. Secretaries of Smithville		75						
4. Elks Club		100						
5. Lions Club								
6. Garden Club								
7. Junior League								

TABLE 6.3: CLUBS AND ORGANIZATIONS FILE CARD

NAME of club or organization MONTH elects officers

ADDRESS of club or organization

CITY STATE ZIP CODE PHONE

Front:

President's name and phone	Street address and city	Health or Program Chm's name & phone	Street address & city

Back:

Record of Program Activities

Date of Program	Attendance number	Speaker & Subject	Film/filmstrip shown	Supporting Materials used	Follow-up

TABLE 6.4: A SAMPLE LETTER TO A NEWLY INSTALLED CLUB PRESIDENT

Dear _____

Planned Parenthood of (name of your affiliate) wishes to exend its congratulations on your recent installation as President. Because education on the subject of (contraceptive technology, reproductive health, women's health, parent sex education, etc.) is always relevant, we wish to take this opportunity to bring to your attention the Planned Parenthood educational programs which are available to your members. Enclosed you will find a brochure outlining the objectives of our educational efforts and the various programs available to your group.

Should you desire additional information at this time, please contact (name and telephone number). A Planned Parenthood Program representative will be in touch with you in the next few weeks to discuss program possibilities.

Again, congratulations! May your club enjoy successful years under your leadership.

Sincerely,

(your name)
(your title)

program commitments as possible should be obtained at this event. Follow-up with all others should occur within two weeks, based on forms filled out at the conference/luncheon.

Program system

When a meeting is scheduled, it has to be entered on your calendar and on the appropriate file card(s) with a description of the films and materials needed and the type of speaker or discussion leader desired. Appropriate notice must go to the trained Speaker's Bureau volunteers or to the appropriate education staff and to whoever works with film and support materials.

A note confirming the meeting with the agreed upon topic, time, place, audiovisuals needed, etc., is sent to the clubs or organization along with an evaluation form for those attending, their reactions to program content, etc., indicating the number of persons for the chairperson to complete and return after the program. And, of course, thank-you letters to the group leader always follow the program.

Modes and methods

When trying to reach groups of 25 or more, it isn't always necessary to have a speaker/film/questions-and-answers format. Educational methods need to be geared to those you want to reach and to your educational objectives. When you will be dealing with large groups, consider what method best fits your goals.

Clinic. The clinic is held to study specific content or phenomena. The participants in a clinic are considered learners with little experience, sessions are strictly instructional and highly diagnostic in terms of identifying and remedying gaps in the participants' knowledge or skills.

Conference. The primary objective of a conference is to permit participants to share information concerning various problems or procedures. Although lectures or speeches are represented by specialists, participants are also expected to contribute ideas and information.

Convention. A formal annual meeting, a convention is run by protocol and specific rules of order. Although educational activities may take place, the major purpose is to conduct organizational affairs.

Institute. As in the case of a clinic, the institute's primary aim is to educate the participants. Thus, sessions are also highly instructional and conducted by outside experts.

Laboratory. In a laboratory, participants are expected to learn from one another under the guidance of an instructor. The instructor's role then is to create the environment which is conducive to learning.

Seminar. The seminar gives people who are fairly experienced in their field the opportunity to discuss certain topics with one or more people. There is considerable exchange of information and experiences, but rarely any problem solving or planning.

Symposium. The symposium provides the platform for presenting several points of view. It permits the in-depth exploration of a limited number of subjects, and it is relatively structured in format.

Work Conference. Generally an organizational function, the work conference aims to examine and solve various community problems. It involves a detailed study of the processes and systems and is geared to solving problems.

Workshop. The workshop is conducted to help participants master a certain skill or technique. Participants learn from resource people who assume the role of instructor.

What to do before and after you get there

Before. Prior to the actual community education program, there are several considerations. Richard Casper of the Center for Health Training lists the following:

1. Plan and tailor objectives and teaching methods to group size, age, gender, known interests/concerns, and also to the time and location available for the session(s).

2. When setting learning objectives, keep in mind that is very unlikely that all members of your audience will consider themselves potential users of family planning services.

3. Contract with the group on format and procedures for the meeting (i.e., panel discussion versus lecture versus open question period versus films) keeping in mind group size, the facility you have to use, and the time available, as well as your learning objectives. Do not hesitate to require certain limits or changes. For example, the room may be too small for expected number of participants. It is often better to not do a program than to attempt unrealistic goals and fail.

4. Formally rehearse your presentation -- especially if you haven't done it often or you are doing it with others. If working with others, be sure content and styles don't conflict.

5. Anticipate some of the questions that may arise in the group, and be prepared to answer them (look at the group; e.g., teens, PTA or church group, and ask yourself, "What will be some of the major concerns?") If you haven't worked with a particular type of group before, try to talk with someone who has.

6. Be knowledgeable about your program, and how it can serve the community.

Also be able to identify other health and social service agencies in your community and tell people how to reach them.

During. While it almost seems too simple to list here, the first thing to do at the community education program is to introduce yourself. Briefly tell the group your credentials, background, qualifications, your name and where you work -- your name alone is not enough. Participants want to know what credentials you have to enable you to speak or lead a discussion on the topic at hand. Why you?

Specifically identify your purpose, proposed format, and procedure for the session. This can iron out problems if those you contracted with beforehand did not accurately represent group desires. If you plan to make on-the-spot adjustments in content or format, be sure that doing so will not violate boundaries those in charge have placed on you. The problem of on-the-spot adjustments can be minimized if you try hard to establish your objectives and format according to what you know about the audience.

Do not address any group as if all members are potential patients -- they almost never are. Avoid the word 'you' and use 'people,' 'women,' or 'men' when discussing health care or services you offer or use of contraceptives.

Stick to the time constraints you have contracted for. If you have not covered all you wanted to, say so and offer to come again. Remain available to respond to individuals after your planned presentation is over unless doing so would interfere with activities others have planned for the group.

Prepare yourself to comfortably receive all questions. Don't be surprised if you are challenged or find disagreement. If you don't understand a word or phrase used in a question, say that you don't and ask someone to rephrase the question. If you're still not sure, rephrase it yourself and ask if that is what was meant. If you don't know the answer, say so. Offer to get an answer only if you really will and if you have a way of getting it back to the group.

If you are asked about something personal, or if your personal opinion is sought, and you are comfortable sharing this, fine. If not, simply state that you would rather not respond.

POINTS TO REMEMBER

Here, in brief review:

1. Community Education planning is based on facts -- facts about the community groups and environment, and what has been done in the community before, what needs exist in the community, facts about whom you are trying to reach, and for what purpose.

2. The more you know about the community -- the people and groups you need to reach and you want to reach -- the more successful your efforts will be.

3. Involve individuals from the 'target' population into program planning. Be inclusive not exclusive.

4. The best Community Education program is one in which you and your committee have realistically selected a series of the most important short-range objectives, which are possible to achieve within a defined period to fulfill your long-range plans.

5. The choice of method of methods by which the program is carried out depends on the group to be reached. The most effective is one that involves participation and future action on the part of the participants.

6. If the Community Education program is to reach its objectives, every task within it must be definitely assigned to a specific person or persons.

Leave no task uncovered. Time schedules and deadlines are critical, including the wise choice of when to carry out certain steps, and agreement by those responsible to carry them out by that certain date.

7. You need to work closely with other Planned Parenthood Committees and make regularly scheduled presentations to the Planned Parenthood Board of Directors on your community program.

8. Most of all - Community Education is dealing with PEOPLE on their 'turf.' It means knowing a great deal about the human condition of being involved with all the many types of people who collectively are the 'community' of Community Education.

This Chapter has a two-fold purpose: 1) to provide practical help in designing and improving community education components of the total education program and 2) to approach questions like these: What are the dimensions of the field? How does the educator decide what to do when? What data are needed for producing and conducting community programs? Because the material would be vast, no attempt is made to discuss the whole field, but the basics are here.

Chapter 7

PATIENT EDUCATION

Carol Valentine

Nothing is more basic to family planning than education for the patient during the clinic visit. The quality of patient education will largely determine how well patients integrate family planning into their lives and prevent unintended pregnancy, the ultimate goal of family planning programs. Each staff member encountered during a clinic visit has an educational role.

Educational objectives, methods, strategies, documentation and evaulation procedures should be planned into each step of the clinic process, so that medical and educational 'strands of service' are mutually supportive and complimentary.

This chapter discusses the elements of educational services for a first clinic visit. This chapter is meant to supplement the individual affiliate's clinic education protocol and assumes the reader is familiar with PPFA's Manual of Medical Standards & Guidelines, especially Section I. Specific procedural questions should be referred to the standards manual and affiliate protocol, as should concerns with documentation.

Before addressing family planning education in particular, it is useful to review a few educational principles which are applicable to the learning which must take place in the clinic. These underlie the objectives, methods and strategies which follow.

There are limits on the amount of information people can absorb at one sitting: focus on teaching defined essentials. Giving more than a general indi-

cation of use instructions too early in the clinic process often results in both information overload and confusion. Such an overload is a disservice, particularly for those patients who most need education and support. By defining the basic content necessary to meet patient needs, ensure sound medical practice and comply with legal standards, one can teach more effectively.

In order to ascertain that learning takes place, clinic staff must offer ample opportunity for questions and ask patients to recall basic facts. Documenting that the patient has learned the basic information is not only essential for medical and legal purposes, but is an indispensible method of evaluating patient education.

Major Objectives for Patient Education

There are three major educational objectives to help patients become effective family planning users. Their accomplishment should be spread over the clinic process, meshing appropriately with the medical procedures.

Preliminary Choice. The first objective is to provide patients with enough information to make an informed, preliminary choice of contraceptive method, or to reaffirm or reassess an earlier choice. Most people come to a clinic with a fairly firm choice of birth control method. The purpose of education at this point is to ensure that they have considered all of the medically approved methods and make an informed choice.

Informed Consent. Once the preliminary method choice has been made, more detail must be provided before the client can give informed consent for that method's prescription and use. The focus here is on use, effectiveness, potential risks, benefits and side effects. While obtaining informed consent is required by medical, legal and ethical standards, education is the core of the process.

Method Use Instruction. From the perspective of effective family planning, providing adequate, clear method use instruction is the most important objective. Method instructions must be tailored to each patient's situation and choice of method. Specific instructions must come after a particular method (a specific brand of pills, type of IUD or diaphragm, etc.) has been chosen and prescribed.

Integrating these three major objectives into the clinic flow will result in a process which can be charted (see Figure 7.1).

Preliminary Choice

Making or assessing a preliminary method choice is usually accomplished in an orientation session. Indications are that more and more affiliates are abandoning the group orientation as not effective. However, individual audio-visual presentations (slide tape or VCR) are increasingly being used as a brief overview of methods. In general, a new client will get methods/facts, followed by discussion and clarification during an interview. Whether this orientation is done for a group or in a one-to-one interview the concerns and elements are the same.

FIGURE 7.1. Flow Chart for First Patient Visit: Integrated Patient Education/Clinic Process Objectives

STAGES	(MEDICAL)	(EDUCATIONAL)	STAFF FLOW
ORIENTATION	•Involve patient in own health care •Reduce patient anxiety	•Familiarize patient with clinic process •Preliminary method choice	RECEPTIONIST EDUCATOR**
PRE-EXAM INTERVIEW	•Medical history •Further anxiety reduction	•Social history •Informed consent procedures	INTERVIEWER (nurse/counselor/ medical assistant)
EXAM ROOM	•Clinical assessment •Method prescription	•Finalized informed consent •Initial method use instructions	CLINICIAN
EXIT INTERVIEW	•Medical referrals •Appointments for future visits •Evaluate process	•Finalize and reinforce instructions •Contingency plans •Evaluate process	INTERVIEWER

OUTCOME/IMPACT OBJECTIVES

- •Patient satisfaction with method and visit
- •Patient is motivated and able to practice family planning
- •Patient avoids unintended pregnancy
- •Patient returns as more visits needed

**Where there is no group education an interviewer must see that the objectives of the orientation stage are met, on a one-to-one basis.

Dealing with Anxiety

In any new situation individuals are likely to feel anxiety. Exposing the body produces at least some anxiety for everyone, even in a private medical exam room. Since family planning examinations require exposing the genitals and discussing very private matters of sexuality, the potential for anxiety is greater than that of many other medical situations. Many family planning patients have their first experience with pelvic exams during their first clinic visit.

Anxious people do not learn well: Their minds are preoccupied. In the clinic, anxiety is often expressed in very specific questions: "What's the process here; what's going to happen to me?"; "How long will it take?"; "Is it confidential?"; "How much will it cost?"; "Will it hurt?"; "What rights do I have?"; "Will you listen to me and my concerns?"; "What do you expect from me?"; "Will I get high quality medical care here?" Some of this information can be provided in a simple pamphlet or poster. It doesn't need to be learned, merely explained.

But, to reduce anxiety, a warm welcome and human interaction are needed as well. Everyone who meets the patient should be aware of the potential for anxiety -- and their ability to help dispel it. Receptionists, interviewers, educators, counselors, nurses and examiners should be prepared to answer basic questions about procedures, confidentiality and the like as soon as the patient raises the issue.

Each staff member should communicate support and cooperation. Posters, signs and diagrams should be prominently displayed, both for easy reference and to encourage patients' questions about procedures, patients' rights, confidentiality and what is expected from the patient.

Patients need to know that every step, every medical procedure, will be fully explained, both before the patient enters the exam room and during the examination by the doctor or nurse practitioner.

Background Information

The potential for overwhelming new patients with what the educator might consider "necessary background information for understanding the methods" is very great. Educators often discuss anatomy, physiology, sexuality, venereal disease and other related topics in far too much detail. The thrust of the initial education effort should be simply to clarify that these are OK topics to discuss; that the staff is knowledgeable and helpful.

Basic anatomy can be explained and reinforced with clear, simple charts conspicuously displayed. By referring to these charts while describing contraception, the educator reinforces the anatomy and physiology while the patient learns how each method works. This procedure will suffice for most patients who have normal learning ability and a basic understanding of how their bodies work.

A complete education in sexuality is impossible; attempting one is doomed to failure. Of course, patients' questions about any subject should be answered or referred, with follow-up, to staff qualified to give answers.

Methods Presentation

Remember the basic objective -- to ensure that patients make an informed preliminary method choice. In making a preliminary presentation on methods there are two guidelines which can help fulfill this objective without causing the confusion induced by including too much information. A recent study in the American Journal of Public Health indicated that, for teenagers at family planning clinics, when the staff employ 'authoritative guidance' in helping clients select a method, method compliance is significantly better than with other types of guidance. The authors suggest that the teenager's key decision-making was to come to the clinic, where she hoped the staff could tell her what to do next.

1. While making sure that patients have access to information about all medically approved methods, focus on the methods of interest to the individuals involved;

2. Focus upon issues of concern to the patients in making a choice: a) effectiveness; b) risks to health; c) side effects; and d) convenience.

Begin by asking the patient(s) which methods are of interest to them. For an individual, discussing two or three possible choices is sufficient as long as the interviewer verifies that the patient is aware of the available methods and provides access to information on them.

During an initial group presentation, describe each method concisely. For instance, the educator might hold a diaphragm and say, 'This is a diaphragm. You put sperm-killing cream or jelly into it and put it into the vagina,' (folds diaphragm, points to the anatomy chart). 'It covers the cervix,' (points to cervix on chart) 'and prevents pregnancy by blocking the sperm from entering the womb. Would you (anyone) like to know more about the diaphragm?'

As each method is briefly described, if even one patient is interested, it is put on an agenda for in-depth discussion. This agenda might be incorporated in a wall chart. When the agenda is set the methods are compared in four areas:

1. Effectiveness. Does it work? How well? The best statistic to provide during the methods presentation is the reliability of a method for those who use it exactly as it should be used. Patients who want a highly effective temporary contraceptive may choose among pills, an IUD, a diaphragm, or condoms and foam used together. All four are between 95 and 99+ effective if used correctly. Other methods are less effective.

'Use effectiveness' figures for contraceptives may lead to undue confusion at this initial stage. A patient needs to understand clearly that any method is either 0% effective or it's 100% effective for a particular couple -- either the woman gets pregnant or she does not. Implying that a patient can get 85% 'use effectiveness' from a diaphragm used incorrectly or inconsistently is wrong.

PPFA's Medical Division has developed a pamphlet, 'Facts About Methods of Contraception,' which describes effectiveness figures. That pamphet should be given to the patient as part of the informed consent she is expected to give.

2. Risk: No method of birth control is as risky as carrying a pregnancy to term and bearing a child. The extensive media coverage of the risks of the pill have led to a misinformed public who are quite fearful about taking oral contra-

ceptives. So, when discussing risk and side effects, be sure to keep them in perspective - after all, riding in a private automobile is even more dangerous than having a baby! For a clear non-technical discussion, see AGI's Making Choices: Evaluating the Health Risks and Benefit of Birth Control Methods. The medical staff should agree upon how to state the risks of each method and all staff should convey the same information consistently.

3. Side effects. Again, give an example or two, invite questions and assure that detail will be given on the method chosen. Stating, "Except for fairly rare allergic reactions, side effects are pretty much limited to the IUD and the pill. Even those side effects which some people get usually go away when the method is discontinued, posing no long-term threat to health. Sometimes they are even pleasant -- less menstrual bleeding while on pills, for instance," should suffice. Giving long lists of possible side effects at this point overloads the patient with information, making method choice more, not less difficult.

Of course, patients have a right to know all the risks and potential side effects of the method finally prescribed for them. All the facts should be provided during the informed consent phase of the process. As discussed below, this is individualized for each patient.

4. Convenience. Method convenience concerns perception and opinion, not fact. The terms "advantages and disadvantages," can often be misleading. For instance, that the diaphragm must be inserted before intercourse may be an "advantage" to a patient who has intercourse infrequently, but a "disadvantage" to patient who has frequent intercourse.

Consider the individual patient's situation and perspective. Educators should solicit questions and comments about convenience from the patient, augmenting the patient's comments with commentary from previous sessions as needed, based upon professional judgment. In either case, the educator should avoid labeling convenience factors as "positive" or "negative."

For example, if none of the current group comments on using condoms and foam the educator might say, "Some patients like being able to get their condoms and foam from their neighborhood drug store. Others have said they thought condoms and foam were too much of an interruption."

The educator or interviewer can reinforce the discussion of issues and methods by using a grid chart to record key points. In a group setting the grid might be on a large blackboard or wall chart with cleanable plastic overlay. In an individual session a smaller grid on paper might be used.

Informed Consent

Informed consent is usually obtained and assured in a one-to-one interview following the medical and social history.

Since the patient should have made a preliminary method choice by now, the interviewer has enough information to make an initial assessment of whether the patient's choice is suitable. The discussion can focus on that method.

Method use should be described in enough detail to ensure that the patient knows how it is correctly used. The principle content of the discussion, however, should be factual information regarding effectiveness, risks and side effects.

The interviewer, even if professionally trained, must leave final determination of prescribing a method to the clinician, the only person with all the relevant facts.

The discussion of specific risks and their relative chances of occurring should be tailored to the individual patient's situation: age, smoking habits, medical and social history. For example, the risk of heart attacks while taking the pill goes up with age and for women who smoke. Enough time must be allowed for questions to ensure the patient's understanding.

Some patients will ask in-depth questions, express specific concerns or request further details. The interviewer should give answers or appropriate printed materials, refer the questions to the clinician, or both. Above all, the patient has a right to information.

The emphasis should be on making sure the patient is comfortable with the method chosen and will use the method reliably. Interviewers should watch for clues that the patient is uncertain, hesitant or confused. It's appropriate for the interviewer to say, 'You seem a little uncertain/confused. Is there something else you would like to ask?' Careful training for this procedure, including role playing possible difficult situations, should be provided and reinforced with frequent supervision.

Use Instruction

Following the clinical assessment and the signing of informed consent papers, one major educational objective remains. The patient must learn how to use the prescribed method, not only the type (pill, diaphragm) but also the specific device or brand prescribed.

This instruction can be given by the clinician or by a post-clinic interviewer. It should happen after the patient is fully dressed and comfortably seated. Patients should expect this final interview. At each stage in the patient's visit, stress its importance and remind the patient about it frequently.

Many patients expect the pelvic exam to be the end of the process. The tension many patients feel about the pelvic means they are unable to focus well on anything else until it is over. When the pelvic is done the anxiety passes and learning with retention is more likely, as long as the patient doesn't expect the pelvic to be the end.

This exit interview must convey and reinforce certain essential information as outlined in the clinic's education protocol: clear instructions for using the method; a list of danger signs for the potential risks; what to do and whom to call if there are problems or questions. Without this basic knowledge the patient cannot achieve the most basic objective of the clinic visit -- effective contraceptive use.

Instruction in the use of the diaphragm and the IUD must begin in the examining room, because of the nature of the device. In these cases, education is the joint responsibility of the clinician and the exit interviewer. Instruction given to a patient still on the examining table should not be a substitute for instruction and feedback carried on with a fully dressed and relaxed patient.

Exit interviews should include discussions of either an interim method, a back-up method or both. An interim method is one used until the prescribed method takes effect, such as while a patient is waiting to depend upon the pill to protect her. A back-up method is one used when the primary method fails (such as suspected expulsion of an IUD) or is inoperative (such as when a patient is out of jelly for her diaphragm, or when she forgets her pills). If the patient has a viable plan the interviewer should assist it; if the patient has no plan the interviewer should suggest and reinforce one.

A final aspect of the exit interview is a brief discussion with the patient of her plan if she becomes dissatisfied with a chosen method for non-medical reasons. The confidence the patient has about using the method in her life situation should be addressed by the interviewer. Any articulated doubts should be documented, so that an interviewer can pay particular attention to satisfaction and comfort with use during future clinic visits.

Many patients stop using methods because of dissatisfaction which stems from situational rather than medical concerns. A patient should be assured that such dissatisfaction is a valid reason for returning to seek a different method. Reassurance should be provided that what is approrpriate for a peson at one time in her life will probably change over time, at different times and in different situations and that most people change methods from time to time.

Evaluation of Patient Education

The entire process of patient education within the clinic should be managed by a staff person with a suitable background and high interest. Evaluation of the entire process is that manager's responsibility and should be done on three levels.

Process evaluation. Evaluation of the planned process should be ongoing, based on objective performance standards described in the patient education protocol. Common supervisory methods, including direct observation, self-evaluation and documentation review, can be used to monitor the implementation and coordination of the process.

Outcome Evaluation. This refers to the immediate effects of the educational process on the patient; assessment is built into the process. Evaluation of the essential learning occurs at the exit interview. Is the patient able to supply feedback which demonstrates a clear understanding of her method and its uses? Does she exhibit confidence about using that method in her life situation? The exit interviewer should document the level of understanding and assess the patient's confidence level.

A secondary effect on the patient is her feeling about the process -- whether she felt the staff was competent, friendly, helpful and the like. These factors will greatly affect a patient's willingness to return to the clinic when necessary and should be evaluated regularly. Brief questionnaires administered at intervals throughout the year (quarterly, perhaps) can provide information to evaluate this aspect of clinic services. Regular supervision of the clinic education process will also provide the education manager with observable clues as to whether patients feel good about interactions with staff.

Impact. The long-term result of a program is called its impact, and is usually measured in statistics which reflect changes in groups of people affected by the program. This is the most difficult evaluation to accomplish.

The overall impact of a patient education program is reflected in the percent of patients who demonstrate the ability to correctly and consistently use chosen contraceptive methods, over periods of time.

Medical assessment and the appropriate medical prescription of methods also affect outcome, since higher patient discontinuation will result if prescribed methods are inappropriate and produce a high number of side effects or health problems. Reproductive health problems which are not diagnosed and treated can also adversely affect the use of contraception. Thus, the desired high continuation and effective use rates are impacts of a combined medical/educational process and should be regarded as such.

Technical assistance in developing methods of measuring continuation rates should be sought if the program manager is not experienced in doing such research and evaluation. Local universities, the Planned Parenthood Federation, state health departments, or family planning training programs can often provide such assistance. Some affiliates will have board members who possess such skills and are willing to serve on an educational evaluation task force or sub-committee of an education advisory committee. However, this is a professional task, and should be treated as such.

The essential impact of patient education is patients who effectively use contraception and continue to seek family planning medical services until they no longer need them. The quality of patient education will be a major determining factor in both desired impacts. Perhaps the most important factor in determining the impact is the quality of the interactions between staff and patients.

These factors will be the most important influences on the impact of the whole program, especially for those patients who need the maximum amount of help available. Without that little extra assistance many of them will fail to gain full control of their own fertility. It is these patients who need and deserve the best in patient education!

Chapter 8

TRAINING: A PRIMER

J. Stephen Kirkpatrick

A great deal has been written about training in general and how to conduct workshops on specific topics or for particular target groups. This chapter is meant only as a very basic introduction to the training process: assessing needs, initial planning, content and process planning, environment and site selection, conducting the workshop and evaluating training. It assumes the reader is familiar with techniques for needs assessments, writing objectives, planning, implementing and evaluating educational programs. If further background is required in these areas, consult The Magic of Structure.

In this chapter, a training session means a continuous block of time devoted to training, interrupted only by breaks of half an hour or less. If a trainer and trainees work from 8:30 to 12:00 with a 15 minute break at 10:30, followed by lunch from 12:00 to 1:30, then work again from 1:30 to 3:30, they had two training sessions (8:30 - 12:00 and 1:30 - 3:30).

A workshop is one or more sessions devoted to a logically continuing content and process by the same trainer(s) and group of trainees. The two sessions used as an example in the last paragraph are a workshop. But, a workshop may stretch over two or more days, a week or even months; there may be several hours, days or even weeks between sessions.

Assessing Needs

Any training workshop must meet two criteria for success. First, it must include content which will attract trainees because they want and need it. Second, once the specific group of trainees has registered, the workshop must meet the specific content needs of those individuals.

Your affiliate can offer training sessions on an almost limitless variety of topics and skills, from the field of sexuality education and human relations to clinical skills and practices. Beginners sometimes make the mistaken assumption that, regardless of the topic(s) chosen, a training event will match the needs of a large enough group to justify the workshop. Sometimes these beginners get lucky and attract enough trainees, but more often the crowd is small or nonexistent because the trainers failed to assess and meet actual needs. Often the trainers wanted to offer the workshop because it would meet their needs.

Your affiliate serves a community in which there are hundreds of potential trainees who live and work in a variety of settings. Some potential trainee groups may form around a common characteristic or concern: single parents, teenage parents, men, women, Blacks, Hispanics, the disabled, the mentally handicapped, substance abusers, union members, religious groups, families, and others.

Sometimes a workshop is offered for a "captive audience"; a group such as the agency staff or the nurses from one school district may request a specific workshop. In this case meeting the needs of that group should control the content. On the other hand, sometimes a workshop is offered to attract trainees from a large target group. In that case, the trainers must determine if the workshop they plan to offer is likely to attract trainees. Then, if enough trainees register or inquire, a second, specific needs assessment must be done.

Assessing Training Needs for a Community

The more information and data you have, and the more varied the sources of that information, the more accurate your needs assessment will be. Write, call, interview or survey target groups and their leaders. Consult with other trainers and continuing education people from school districts, government, and other agencies. Look at the demographic data for your community and identify large groups with common needs from among the various target populations. Approach potential captive audiences, combining similar groups whenever possible.

Sometimes a news item will trigger thoughts of a potential need. If a school district announces a new curriculum, that may indicate a strong potential need for training teachers, nurses, counselors and administrators. A headline about child abuse or teenage pregnancy may indicate several potential workshops.

Assessing Needs for an Identified Group

Once you have identified the trainees for a workshop you should assess the needs of that group and make a list of topics they want to cover and skills they want to develop. Embellish these lists with your own judgment. For instance, a group of nurses may need to know more about developments in contraceptive technology. You may decide that they need a refresher on reproductive physiology as a prerequisite, because they have not studied that area since nursing school.

Initial Planning

One of the first things to do after completing the needs assessment process is to write outcome objectives. Those specific facts or skills you will cover will then guide your choices of educational methods (process) for the workshop.

Task Analysis

Training, more than any other educational process, demands careful identification of the tasks required to implement it. A list of things which must be done, from the simplest to the most complex, written in sequence with deadlines for each, is a task analysis.

A task analysis will help planners coordinate various people's roles in preparing for the training. Estimating costs, setting fees, and writing a budget are also easier with a written task analysis in hand.

Marketing

Several of the first tasks on your list must be efforts at marketing the workshop, whether you hope to attract trainees from diverse sources or from a captive audience. The best workshop will not attract trainees unless they know the workshop is available. Word of mouth, while necessary and highly effective, is not sufficient. Use flyers, posters, letters, invitations, ads, public service announcements, and newsletters (your own and others'). Don't forget the media.

Make your advertisement, flyers, and posters, look professional. A shoddy, unattractive flyer or ad will give the impression that you plan the same kind of workshop. Plan to overdo your marketing; there is rarely too much.

Costs and Fees

With few, but notable, exceptions, charge fees! Sexuality educators and trainers are professionals who have devoted years to learning their craft. Just like any other professionals they deserve to be paid for their services.

Having said that fees should be charged, the question becomes: How much? Chapter 5 covers setting fees and also discusses times when the decision not to charge fees might be appropriate. As a general rule, however, charging fees is a good idea. People who pay a fee feel like they are getting more for their time and effort than if they attend a free workshop. Their motivation to complete the workshop and to apply themselves to it increases.

Planning the Workshop

After establishing the desired workshop content through a needs assessment and written outcome objectives, you are ready to choose educational methods and to set an agenda to design the workshop.

Scheduling: The First Limitation

Even the best workshop will get nowhere unless you offer it at times convenient to the trainees' travel, work and home schedules. The needs assessment for the specific audience should always include some questions about convenient times and places for the sessions.

Most training must occur in the late afternoon, evening and on weekends. Sometimes you can offer training during regular working hours if you can help trainees get release time or get the employer to schedule a session as part of the work day. This approach is not always possible, but always worth trying for.

Travel. Allow ample time for trainees to travel to and from the training. When a large portion of your trainees must travel from out of town, allow extra time for late starts, car trouble and getting lost. Even when everyone has only to travel across town, allow time at the beginning of each session for flexibility. Waiting is better than retracing material for late arrivals who immediately begin to ask questions.

Convenience. Try to avoid offering training sessions which seriously disrupt trainees' personal schedules. Workshops for parents must account for baby-sitting. Workshops for working people must account for understandable reluctantance to work eight hours and then go to a workshop until late in the evening. Fatigue will also dull the impact of your sessions.

Attention Spans. The average adult attention span is less than half an hour. That means that offering long, 3- or 4-hour sessions, even with breaks, will lessen the impact of the training. And, by the end of an 8-hour day, both trainer and trainee begin to get totally exhausted. Some of this fatigue and attention span problem can be overcome with varied activities which get the trainees involved in doing something, completing a task, working in groups, practicing skills.

Agendas. With a time schedule in mind you can write your training agenda. List everything you will cover and the scheduled length of time for each topic. Inevitably, trainers have more material to cover than time to cover it. A good needs assessment helps pare the content down to the essentials, but hard choices nearly always remain.

Logical Order. While you will want to plan your training in logical order, building toward your desired outcomes, you need to ensure that basic material lays a solid foundation for later, more advanced topics. Since some adjustments will probably be necessary, consider your agenda a "best guess" about where your workshop will be at a given time, not a rigid timetable.

Breaks. Schedule one break of at least 15 minutes every two hours. Early in the day and after lunch, schedule a break after an hour and a quarter, at the most an hour and a half, of work. After meals people have higher blood sugar levels, less blood (thus less oxygen) in their brains and they tend to get sleepy: "The head will only absorb what the tail can endure" (Hopi Indian Proverb).

Variety. Some educational methodologies require passive attention, others active participation. Vary periods of passivity and activity, not only for the sake of variety but also to improve attentiveness.

Logistics. Consider the time it will take for meals, moving to different rooms, changing locations, and the like when you write your agenda. Any time you stop the training process to move a group allow 5-10 minutes.

Trainer alternation and fatigue. Plan on having one trainer for every 10 to 15 trainees; never expect one trainer to handle more than 20 people. Otherwise, fatigue quickly erodes quality. Alternating presentations and activities among

trainers also allows the resting trainers to observe (and report their observations). Alternating trainers also improves the impact because the variety keeps trainees more interested.

Educational Methodologies

Many trainers use one or another version of a basic skill-development sequence like this: Describe -- Demonstrate -- Practice -- Feedback.

Describe means to present the facts and theory behind a particular task or skill. For instance, suppose you are training school nurses how to conduct interviews with students who have questions or concerns related to sexuality. You would first describe by using a lecture, a lecture with readings or a film to teach them basic interviewing concepts. This would present the facts and theory behind a particular task or skill.

Then, you would demonstrate (e.g., role play) the interviewing concepts you had just described. If you were training volunteers to teach new patient classes you would describe the content and theory behind the information, then demonstrate by teaching all or part of a new-patient class to the trainees.

Next, the trainees practice what you have demonstrated. Most trainees shy away from practicing the first time in front of the whole group, but you can sometimes agree (in advance of the session!) with a trainee to "go first". Generally, trainers divide the group into pairs, trios or quartets to have trainees practice the skill while others observe.

Finally, the trainees get feedback -- observations, criticisms, suggestions and encouragement -- from their role-playing partners, the observers and trainers. When dividing a group into pairs, trios, etc., some trainers circulate among the small clusters, observing and giving feedback. Others let the trainees undertake the observing and feedback by themselves in order to keep the anxiety level as low as possible. [ed note: Videotaping is an excellent, if expensive, tool for feedback.]

Encouragement -- telling trainees that they did well, better than before, or at least adequately -- is essential. There is some aspect of any performance worthy of encouragement, even if only to say that they seemed to be trying hard. Encouragement is different from praise. Praise sends a message that the observer approved of the performance. ("You did a good job on that.") Encouragement helps the trainee recognize and feel good about performance internally. ("I hope you like the way you did that as much as I did," or, "I'll bet you felt good when that happened.") The difference is subtle, but important, and worth the effort to learn.

Summary

To summarize the planning of the training process: schedule conveniently; include breaks every 75 to 120 minutes; use varied methods of presenting the material; alternate passive and active periods for trainees; have different trainers alternate leading exercises and making presentations; and, most importantly, use varying educational methods, emphasizing practice, practice, practice!

The Training Environment

If trainees are to keep their awareness focused on the session, the trainers must create an environment with as few distractions for the trainees' awareness as possible. Heat, cold, hunger, stagnant air, light (too much or too little), noise, and any other form of distraction draws the trainees' awarenesses away from the training session. Keep the training environment in mind both when selecting a training site/room and when making accommodations for the trainees during training sessions.

Temperature and Humidity

Keep the temperature in the low to mid 70s (°F) whenever possible, adjusting it for humidity. Be sure to locate the room temperature controls when you arrive for a training session, and adjust them as needed.

During the session keep an eye on the trainees for non-verbal clues of discomfort like shivering, perspiring, brow-wiping and goose flesh. If trainers are active, walking about, and gesturing they may be uncomfortably warm when the trainees are comfortable.

Space

Overcrowding leads not only to feelings of slight claustrophobia but also makes training exercises in pairs or small groups difficult because the noise level quickly becomes distracting. Always opt for too much space rather than too little, even if that means paying more for the room and raising costs and fees accordingly.

Allow at least 25 square fee per trainee plus 100 square feet per trainer for equipment, materials, etc. For example, if you will have 10 trainees and 1 trainer, allow 350 square feet (10 trainees X 25 sq. ft. + 1 trainer X 100 sq. ft. = 350 sq. ft.) This may seem like a lot of space, but remember, a room with 350 square feet is only about 17 ft. X 20 ft. And, if the room is long and narrow -- and you cannot avoid using it -- allow more space because the narrowness will negate some of the space.

Lighting

Always make sure you can completely darken a room if you will use films or other projected images. Ideally, the lighting has a dimmer switch so that you can adjust the lighting to fit the activity. Curtains or draperies should be able to block out daylight and sunlight even when you will not use films, etc., to prevent glare. Locate light switches and learn to operate the curtains, blinds, shutters, etc., before you begin a session. In general, make sure that the room light will enable comfortable reading.

Sound and Noise

Always visit a potential training room at the time of day when you will be using it, gauging the level of background noise. Try to visit on the same day of the week, or a day when the noise level will be similar. Don't gauge the background noise level for a Monday afternoon meeting by visiting on a weekend or vice versa.

Acoustics are important too. Rooms with cement, tile or bare wooden floors, brick or rock walls, or low ceilings will have poor acoustics unless there is

carpeting, draperies or lots of cushioned furniture to break the echoes. A small transistor radio can help you check for sound clarity and volume; listen to the radio from several places in the room.

Furnishings

Seating should be neither hard surfaces which distract awareness nor pillows or overstuffed or furniture which cause drowsiness. Flexibility for written exercises and moving into small groups is ideal. Avoid rooms where furniture is affixed to floors.

Renting Space

Meetings rooms rented by hotels, churches, motels, colleges and other institutions are often the best training sites. When renting room space:

1. Agree with the owner/operator about everything in writing: rent, date(s), times, clean-up, equipment, utilities, security service, locks, and any local rules about eating, bringing food or drink to the site, or using patios, lawns, etc., for meetings.

2. Always visit the room before you agree to rent it.

3. Confirm your reservation about 10 days but no less than a week in advance.

4. Give the owner/operator detailed descriptions, with drawings, for room set-up, type of seating, equipment locations, and such.

5. Go with a prepared list of questions for the room's operator, including details down to who will provide extention cords and who will lock the doors for the day.

Hotels and motels are good training sites for workshops lasting two days or more for several reasons. If you and your trainees rent enough acommodations or eat meals at the h/motel the meeting room is often free or rented for reduced rates. Trainees can go to their rooms for a short rest, to wash or to change into more comfortable clothing. Perhaps the biggest benefit of having people stay overnight is that the trainees will often learn as much or more from the informal discussions over meals or after hours as they do from the workshop itself.

The Trainer/Facilitator

T-Day

Even the old pros get excited on T-Day, the day a workshop begins. Some performance anxiety and nervousness is typical and normal. Will people show up? How will I do? Will the session fall flat on its face? Do I know my stuff?

Packing. Early in the planning stages begin to keep a list of things you will need (or might need) at the training site: printed educational materials, audiovisuals and equipment, pens, paper, name tags, tape, charts, cords, take-up reels, microphones, amps, speakers, tapes, records, scissors, markers, note pads,

receipt books . . . . Before you pack, go over your agenda step by step and ask yourself what you will need to do for each section of the session(s). Then, pack everything securely for the trip to the training site.

Set-up. Arrive early enough to locate thermostats, light switches, curtain cords, rest rooms, and to check furniture arrangement. Arrange the trainers' and trainees' materials in convenient locations and order. Set-up and load projectors and other equipment ready for first use.

If you will collect fees, have people sign in, pass out name tags, or distribute materials as people enter, assign someone to do that and nothing else. At least one trainer should be free from these duties to greet trainees and handle the inevitable, last minute details and problems. Something always goes wrong at the last minute. Remember Murphy's Law, and O'Toole's Law: "Murphy was an optimist!"

Beginning. Most trainers introduce themselves, ask the trainees to introduce themselves, and then give an overview of the session and the workshop. Always ask for reactions to the agenda; additions, questions, deletions, requests to cover particular points. This is actually the trainers' final needs assessment step. Many trainers also begin with some form of "get-acquainted" exercise, an abundance of which have been described in the references. However, many trainers nowadays have stopped doing these with adult and professional audiences.

Some Basics of Facilitation

One of the benefits of training, as opposed to formal courses or lectures, is that trainees learn by doing and interacting. As a facilitator, the trainer hopes to maximize this kind of learning without either monopolizing the session or allowing others to monopolize or divert it.

Encourage questions and discussion. Never fear saying, "I don't know," or "What do some of you think about that?" Separate your opinion from documented fact very carefully.

Training: not therapy. Sometimes trainees will begin to discuss intense or intimate personal problems. Gently but firmly guide the session away from that kind of discussion. Therapy is different than training and the trainees need to know that. Some trainers, particularly when dealing in highly affective areas, make that clear at the outset, in their introduction.

However, depending upon your audience and topic, it is legitimate for trainees to ask your advice about cases or situations relevant to the session. A live case example is often an excellent opportunity for teaching as long as it does not start a therapeutic process which training or the trainer cannot finish.

Some trainees will ask trainers for intimate, personal information. Never fear saying, "I'd rather not reveal my personal life," or "I'd be glad to discuss that subject in general ways, but my personal privacy is important to me." Many personal questions are really attempts to get an informed opinion ("What birth control method do you use?") or questions about what's "normal" ("Do you engage in that practice?").

Conflicts. Differences of opinion, attitude, or philosophy sometimes occur during the session, either between trainees or between trainee and trainer.

When trainees experience a conflict, within reasonable time limits, let the trainees deal with their own differences. Do not parent or guard them. If a discussion gets too lengthy or strays too far, suggest that the trainees resolve the conflict during a break or after the session.

Since trainers have the psychological "power," the leadership and esteem of the group, few trainees will openly engage in a prolonged or aggressive disagreement with a trainer. As a trainer, discuss, do not argue. Listen attentively and let the trainee know that you have heard his or her point of view. Then, express your own from a stance that your version is "one person's opinion."

If a trainee becomes obnoxious, rude or disruptive, before long the other trainees will usually put their peer in his or her place. This happens very rarely and should not concern you until it happens.

Diversions, digressions, asides . . . In nearly every group, large or small, there are one or more trainees who monopolize the discussion, constantly try to sidetrack the session, or who argue every idea to the point of pedantry. Without shunning them, limit their access to the floor. Suggest that the session is too far afield and get back to the main point of the discussion. Ask for others' comments.

However, if several trainees follow another's lead, discussing some topic or tangent of obvious interest, then consider the possibility of permitting a brief digression. Try to bring the discussion back around to the main course of the session, referring to earlier material or promising to cover that subject later.

"Reading" the group. Good trainers can "read" the group; gauge the level of interest, boredom, lethargy, energy, excitement, commitment, and the trainees' individual and specific moods by observing non-verbal clues. Interest and commitment are visible from attentiveness, lively discussion and universal involvement. Frequent yawning, squirming and day-dreaming indicate the need for a break or the possibility that the session is boring. Call extra breaks or call breaks early if you read the need for them. Quizzical or questioning looks indicate that the trainees are not following the content or concepts presented. Slow down, ask questions or invite questions. Even calling on people with confused expressions is a good idea.

Read the group, not one or two individuals. In every group, particularly large ones, there will be one or two trainees who should not be in the session because they already have the knowledge or skills presented. Hopefully, the needs assessment has prevented having trainees present for whom the session is too advanced, but there may also be one or two hopelessly lost trainees.

On stage. Trainers are on the job from the time the first trainee arrives until the last one leaves the site. Trainees often use breaks for asking questions, often very penetrating ones, which give the trainer a chance to begin the session again with the same questions.

Eat meals and take breaks with the trainees. Circulate. Discuss the training session, the content, the process and the subjects with trainees outside the sessions' time frame. Invaluable clues as to how well the session is going often come to light.

Summary. The good trainer is always thinking, observing, listening, anticipating, evaluating. Good training allows as much learning by experiencing as

possible, as much peer enlightening as possible. Expect the best, be prepared for the worst, and know that reality will be someplace between.

Evaluation

Most Planned Parenthood trainers have made some formal attempts at evaluating the content and process they choose for their workshops. Far too little effort, however, has traditionally been devoted to outcome and impact evaluations.

Evaluating Content and Process

Trainers evaluate content because they want to know if it fit the expectations and needs of the trainees. That is, did the workshop cover what the trainees expected it would and did it meet their needs?

Most trainers evaluate these aspects of content using questionnaire items (questions) that ask whether the trainees would want the same amount of time spent on each subject if they were attending the workshop again for the first time. Asking these questions gets to the basic concern of the trainers: how they should change the workshop when they repeat it. A second type of content evaluation assesses whether the subjects presented met the outcome objectives. Did the trainees learn the material and develop the skills targeted? This is actually an outcome evaluation, discussed below.

Similarly, evaluating process may concern either or both of two questions. Did the trainees respond favorably to the process chosen? Second, did the process chosen by the trainers convey the content? As with content evaluations, the first question is answered most often via questionnaires, and the second through outcome evaluation.

Outcome Evaluation

Outcome evaluations concern how the trainees are different as a result of the workshop. Did they learn the facts (content) presented? Did they develop the skills targeted? Will their behavior be different because they have been to the workshop? The outcome objectives written at the outset specified how the training was supposed to change the trainees.

Knowledge gained. Some form of post-test is the most effective and efficient way of measuring knowledge. Knowledge gains can only be documented if the trainees take a pre-test for comparision with their post-test scores.

Trainers often ask whether they have to have two different tests (pre- and post-) or whether they can use the same test twice. The answer depends upon why the test is given. If the only reason is to document that the trainees knew the material specified in the outcome objectives, then one test, used both pre and post, will suffice. If the trainers want to compare two methods, workshops, or processes (such as a formal workshop vs. on the job training), or want to document gains from before to after, then different pre-and post-tests are necessary.

Using any pre-test has the advantage of alerting trainees to what they will encounter, improving retention. Using the same test both before and after the training will, however, inflate the post-test scores because trainees will focus more on the facts needed to answer the questions they saw on the pretest. That means that the same test used both pre-and post-may not really gauge how much they learned from the total content covered.

Skill development. The only means of evaluating whether or not trainees have developed a specific set of skills is to require that they perform tasks using those skills and verify skill development by observing.

This strict, time consuming method of evaluating skill development fits well with the 'describe -- demonstrate -- practice -- feedback' approach to skill training. While observing the trainees to give them feedback, or listening to other trainees' feedback, trainers can evalute whether or not trainees have the skills specified in the outcome objectives.

Conclusion

Well designed and conducted training is one of the more powerful and effective means of accomplishing Planned Parenthood's education mission. By training others -- professionals, parents and priority groups -- an affiliate reaches more members of its target groups indirectly, through the impact the trainees have, than it ever could by working directly only with groups from the target audiences. But, for training to work -- to have the maximum impact -- the training sessions must be high quality and the affiliate and the trainers must develop a solid reputation.

References

This bibliography is rather short becuase there are extensive ones in the resources listed. The reader is strongly recommended to read these listings and several others from their bibliographies, and to get experience working as a co-trainer with one, preferably several, experienced trainers before undertaking a solo workshop. Even if you attend a workshop on how to be a trainer, there is no substitute for experience and feedback from an experienced co-worker.

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[ed. note: The Summer 1985 issue of Emphasis from PPFA's Education Department contains an up-to-date discussion of training by a variety of trainers.]

Chapter 9

PUBLICATIONS

When an educator thinks about producing or acquiring sexuality education materials (books, pamphlets, brochures, audiovisuals) to meet the needs of clients or communities, there are a host of concerns. First, of course, is whether the material conveys the information we wish conveyed to the student or client. That decision is dependent on the goals of the education. Beyond specific decisions are some which we might call 'generic' decisions about materials. This chapter deals with three types of generic decisions, which are interrelated:

I. Tone and content of material.
II. Sources of material and criteria for selection.
III. Steps in production of material

Part I is adapted from a memo written by Faye Wattleton in 1978 'Communications Guidelines: What We Say and How We Say It,' Part II from an article by Derek L. Burleson, and Part III was written by Marcia Presky, who was in the Communications Division at PPFA.

I. Faye Wattleton's memo states:

> Why, when our opposition has so often been willfull manipulative of the truth in its own writings about Planned Parenthood and pro-choice issues in general, do we have to be so careful and measured in our own writings and statements and apologize when we err?
>
> There are several reasons for this. The first, and most important, is that we have an obligation to see that nothing

we say or write is disrespectful of individuals or their beliefs, and this has nothing whatever to do with whether or not our opposition maintains similarly high standards. We march not to the drums of those people, but to those of our traditions and principles; to those of the many thousands of people who have over the years come to expect high standards of behavior from us; and to those of our more than one million clients.

There are other reasons, too, why Planned Parenthood needs especially strict standards for its own behavior. One is that our organization is fundamentally different from those who oppose us on reproductive issues. Unlike most anti-abortion groups, for example, we are:

- a service organization. As such, our clients must come first, and nothing we say in our information programs must violate their needs, concerns, privacy or dignity. An organization whose whole purpose and activity is information is not bound by such constraints;

- of long and distinguished service to people, and breadth of support. Our reputation is in what we do and have done in hundreds of communities around the country; in what we do in our medical practice (more than 1.1 million clients per year); in what we know about family planning practice, about needs and services, about sex education, and a host of other issues; and in the caliber and range of our supporters, both the "inner circle" of support (membership of our boards, etc.) and the "outer circle" of favorable opinion in the community;

- a recipient of public funds. Our position as an organization which receives large amounts of public money for expenditure on important medical services for people makes us much more visible, and in a sense vulnerable, than organizations which do not have the same direct link with government. A libellous publication from an anti-abortion organization is redressable only through the courts. A similar piece published by Planned Parenthood would be answerable not only in the courts, but in Congress and a much broader forum of public opinion.

In reviewing the publications of <u>other</u> agencies for possible use in Planned Parenthood's own programs, the standards we apply should be as stringent as those we apply to our own publications.

Many of the printed and audiovisual items used in Planned Parenthood's programs are the work of others -- university centers, commercial publishers, and community education groups. This is entirely proper for an organization that strives to give its clients the best that there is to offer from all available sources. The crucial question is what criteria and processes we use in the evaluation of such materials. The diversity of such materials is too broad to

permit detailed treatment in a memorandum such as this. But a few general observations may help:

- the principal criterion for the use or non-use of a specific educational item in a Planned Parenthood program should be its appropriateness, overall, to the goals of the program and the needs of the audience. Where there is one potentially controversial section, responsibly handled -- the presence of such a section, if it is deemed essential to the message of the material, should not be considered sufficient reason for boycotting the material. However, when such a controversial section is neither essential to the purpose or spirit of the material, nor responsibly handled -- then the inclusion of such a segment should certainly be reason for rejecting the material.

- responsibility for the selection of such materials should not be left to a single individual within an affiliate, or a department of the headquarters. It should be shared among qualified individuals who are broadly representative both of the community we serve, and of the discipline most directly involved in the activity at issue (e.g. doctors, educators, community information specialists).

In all our communications, we must vigorously assert the relationship of our cause to such basic American values as the 'stability of the family;' 'morality;' 'tolerance;' 'compassion;' and 'life.' For example:

- 'family.' Both in the ends we seek (giving tomorrow's adults a better opportunity for true choice about parenthood), and in the means we adopt (working closely with today's parents in the design of our school and community education activities) the Planned Parenthood program has a crucial role to play in the promotion of a stable, enriched family life.

- 'morality.' Moral concepts are the foundation of this organization's program. For various reasons -- perhaps because we fear that morality seems to connote one person 'telling' another what he or she should or should not do -- we avoid reference to the moral component in our programs. Yet it is fundamental. Nothing in the spectrum of human behavior is more profoundly moral than the obligation of careful consideration and planning before bringing a new life into this world. Or the obligation of private institutions and governments to respect the religious and personal values of individuals.

- 'life.' Family planning and responsible parenthood are direct reflections of a respect for life, and conditions of a setting in which life may flourish and prosper, both here and around the world. Our belief that the birthright of every child is a welcoming and loving home is profoundly 'pro-life,' by any reasonable definition. And I

don't just mean 'the quality of life;' I mean simply 'life' -- human life, in all its richness and complexity.

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With these precepts in mind, the educator then must set out to acquire or develop materials. The next section of this chapter deals with sources and selection criteria.

First, look through your agency's files and ask your colleagues to sort through theirs. (We assume you keep subject-headed vertical files.) Consider PPFA's own resources (see Appendix G) If you don't find something to your liking, refer to the Clearinghouse for Sexuality Education materials in the Education Department at PPFA national headquarters. The Clearinghouse maintains files on all types of programs and publications in the field. We may be able to put you in touch with an affiliate which has already developed and tested materials - or with another agency or source.

Derek Burleson's article, though directed at the development of school based sexuality education programs, contains a wealth of information and amplifies the points in Faye Wattleton's memo.

II. Guidelines for Selecting Instructional Materials in Sex Education[3]

'Some Dilemmas in Sex Education Materials'

Curriculum development in any subject in any subject area is predicated on the nature and needs of the learner, the sequential organization of knowledge in that subject area, and the values that a society holds. These premises, which underlie the development of instructional materials in all areas of the curriculum, face some contradictions when it comes to sex education materials.

Young children exhibit great curiosity about a variety of sex-related topics, yet most of the materials published for this age group are restricted to 'baby' books presenting rudimentary information on reproduction and birth. Children in the middle grades are acquiring a great variety of sex information and misinformation from many sources, yet some authorities insist that these years are sexually quiescent, and argue on Freudian grounds that sex education during this 'latency' period is likely to be psychologically disturbing. More sophisticated study of conception in biology classes at the secondary school level is logically the time to study contraception as well, since the same physiological concepts are relevant. Yet many instructional materials for this

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[3]Derek L. Burleson, Journal of Research & Development in Education. volume 10 (1), 1976. Reprinted with permission from the Journal.

level deliberately ignore contraception as being too sensitive or controversial to be taught in the curriculum. Treatment of a topic such as homosexuality in instructional materials is typically cursory, uninformed and frequently moralistic; yet, the Kinsey studies and other more recent research provide considerable scholarship on this topic that has not been incorporated into instructional materials. The materials on dating, courtship and marriage widely used in family life and sex education programs persist in presenting male-female relationships in rigid stereotypical roles. Yet, the women's movement and other social forces are redefining sex roles that are bound to influence the family now and in the future.

The examples above are just a few illustrations of some of the dilemmas facing those who produce, use and evaluate instructional materials in sex education. They also underline some of the criteria for evaluating sex education materials such as relevancy to stages of child development, accuracy and completeness of information and sensitivity to changing cultural values and life styles in a pluralistic society.

Some General Guidelines

Consider the following questions when selecting and evaluating instructional materials in sex education:

1. Have instructional objectives been clearly and precisely stated before the selection of sex education materials to help implement those objectives? If the objectives are concerned with imparting information, improving communication skills or developing personal values, then the decision whether to use printed or audio-visual materials rests with how well such materials carry out those objectives.

2. Are the instructional materials appropriate for the physical, intellectual and social maturity of their intended audience? Given the range of development in any group of children or youth, this criterion cannot be applied too precisely. Anticipating a developmental stage makes better sense than delaying the use of materials until after the fact. For example, a film on physical development at puberty would be more appropriate for 11 and 12-years olds than it would for 16- and 17-year-olds.

3. Do the instructional materials present accurate, complete and up-to-date information? It is dishonest to present, for example, the story of birth to young children without describing the role of the male or the father in the reproductive process. Where information is incomplete or inconclusive it should be so stated (i.e., an explanation of how the intrauterine device works as a contraception method). Accuracy is critical when dealing with preventive health issues such as venereal disease or contraception. Equally important is accurate and up-to-date information on such sensitive and controversial topics as abortion and homosexuality. Judging accuracy and completeness does, of course, require knowledge in the field of human sexuality. Evaluating materials on these criteria may require soliciting the opinions of authorities outside the school staff.

4. Do the instructional materials reflect a bias toward any single point of view? It is unreasonable to expect that a writer or film

producer can create instructional materials in a valueless vacuum. You can expect, however, that when sex education materials deal with controversial issues there should be recognition of varying points of view with arguments presented pro and con. When an opinion or point of view is offered, it should be identified as such. Value positions should be made explicit in introductions to books and in the promotional materials. Many of the better sex education materials today are deliberately designed to encourage the decision-making process when dealing with value-laden topics such as premarital sex, the double standard, living together, abortion, and homosexuality.

5. Do the instructional materials reflect the equality of the sexes and avoid rigid sex stereotyping in presenting characters or situations? The criterion of sexism in evaluating sex education materials is of more recent concern. Yet, since so much of sex education focuses on male-female relationships, it can no longer be overlooked. Interpretations of what is sexist will vary with individuals, but the perpetuation of blatant sexist stereotypes can no longer be tolerated in instructional materials.

6. Do the instructional materials have supportive resources in the form of teacher's manuals, discussion guides or bibliographies? Such supportive resources assure the user that the producers of instructional materials have given careful thought to how their products should be used. Also they provide some idea of the philosophy and rationale of the product.

7. A final criterion has to do with the selection process of instructional material rather than evaluating the material itself. Does the selection process involve the input of both parents and youth? While it is time consuming and administratively cumbersome to involve others outside the professional staff in materials selection, the participation of parents and youth in reviewing and evaluating sex education materials provides one of the best assurances that the sex education program will be understood and accepted by the community. Youth participation will help to keep materials relevant and will also tend to temper the sometimes protective and cautionary attitudes of parents.

Some Troublesome Issues

The guidelines listed above can be helpful for the initial evaluation of sex education materials, but there are some other issues that are particularly troublesome for those responsible for selecting instructional materials. Some of these are: the use of nude photographs in textbooks, the use of sexual slang terminology in text material, the display and description of various methods of birth control, and the use of explicit audio-visuals. Any of these factors can become focal points of controversy in some communities. Instructional materials are tangible; they can be seen and read; they can be distorted and misinterpreted. They are prime objects for attack among those who oppose sex education.

There are no hard and fast rules that will apply to all communities when these troublesome issues come up in the selection of sex education materials.

For some communities they obviously are not troublesome. For others some caution is in order. To argue the issues of academic freedom and censorship without considering the nature of the community can be an exercise in futility that could compromise a sex education program before it even gets started.

Sex educators need well-developed rationales to justify instructional materials that contain explicit photographs and language. Such rationales should be worked out before materials are selected, not after the fact. Involvement of parents, youth and other respected community representatives in developing these rationales can be one of the best defenses against future attacks. if the issue of explicitness does become a point of contention in selecting sex education materials, there are many good materials to choose from that are not explicit. Those communities that are just beginning a sex education program may choose to start with less controversial materials. As they gain experience and confidence, they will be better prepared to deal with more controversial instructional materials.

The point has been made and it needs repeating - instructional materials do not make a sex education program. The teacher is the key factor in a good sex education program. Second is a clear statement of specific objectives for the program. The guidelines presented here can help the teacher and others involved to select the best materials to implement those objectives.

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III. Steps in Production of Material

When you are contemplating producing a printed piece, there are five key questions which you must ask yourself throughout the production period:

1) To whom is this piece directed? To what audience(s) and how will I be reaching them?
2) What do I want to convey? What is my message, and how can I best make my points understood in a clear manner? What is my goal, and how can I achieve this goal?
3) How much money do I have to spend on this project?
4) What is my time frame? Is there sufficient time for each facet of the work: from writing to final distribution?
5) What type of promotion will be needed once the piece is finished?

Planning

As we mentioned in the introduction, one of your first considerations is budget: what resources are available in-house, and how much money is available for those services for which you will have to go to outside sources. All elements that will be paid for must be calculated: writing, designing, type, setting up the mechanical (final artwork that is sent to the printer,) printing, folding, distribution and promotion. Although certain elements cannot be controlled (such as the necessity for typography, or the fact that you will require a mechanical,) you do have control over most of the tasks needed, such as design of the piece, stock used, number of ink colors, types of artwork to be used, text length, printing method, distribution method and promotional activity. Each of these points must be looked at within your budgetary frame-work, and decided upon accordingly. Your designer and printer can offer valuable advice on

the most cost-effective creative and technical strategies to receive the desired effect. The intangible loss of image and respect which results from shoddy work should be kept in mind when making these decisions.

If you have a more modest budget, you should not opt for an expensive, heavy coated stock when a more simple stock will fill the need, or for full-color artwork when a one or two-color job would suffice. Your message will also influence the choice of style you will make. A good rule to follow is to be sure that the piece is clearly laid out and easy to understand by providing maximum legibility. Don't crowd pages with long text and long paragraphs. Keep paragraphs short, with a lot of white space between them, and in the margins. If artwork or photos are being used, consider breaking up areas of heavy text with it, or pages of heavy text in this manner. Be sure to look carefully at the "comp" (rough sketch submitted by the designer of how the final piece will look) of the proposed design, and if you find it hard to follow, or boring, or too heavy with copy, then most likely your audience will too! Ask the designer for suggestions to enhance legibility and attractiveness, keeping in mind your budget. He/she will need to see the final copy before designing, to better match the graphic style with content.

Your written copy is, of course, also very important. Your message must be simply stated, and told in a direct way (do not assume the reader will "read between the lines" or understand what is actually meant, but not stated). Keep your audience(s) in mind at all times: think about the age of your readers, and educational level, the primary language, their interests and concerns. Gear your copy and writing style to the specific groups for whom you are writing. If, for instance, you are writing to pre-teens, be conscious of the vocabulary you choose, and use artwork appropriately to make the piece visually exciting to this age group. Even with older, professional groups, it is best to keep text clearly presented and simple to increase readership. You might want to test the piece with some members of the target audience.

Your choice of suppliers can be important in keeping within your budget and in receiving a high quality and correctly produced piece. For these reasons, it is important to interview potential suppliers. Look at their samples for quality and to determine if their particular style can meet your needs. Ask them for the names of two customers whom you can call to check on service and satisfaction of clients. Bids are usually collected from three or four suppliers to give you a basis for comparing prices. The suppliers for which you will have use, if in-house staff is not available already, are: designer, typesetter, someone to set up the mechanical (the final artwork), printer, and distributor.

Production

The cost of a designer varies greatly. When contacting designers, ask them to bring in samples of their work. Discuss price up-front: it's not helpful to decide on a designer, and then to find that the fee is too high. If you have a limited amount of money for design, tell the designer and let him/her decide if they would want the job for the money available.

In many instances, the designer can also be the person to order the typography, and to put together the mechanical. Before mechanical set-up, it is important that the "galley" (the type returned from the typographer) be thoroughly checked for typos and inaccurate information. After this, mechanicals can be put together. Catching mistakes before the mechanicals go to the printer will save you time and money.

If the designer cannot do the type ordering or mechanical, you will have to recruit the services of someone who can. In many instances, printers can also provide these services. Be sure to check on the capabilities of your printers, as sometimes this one-stop shopping (having the design, type and mechanicals done at the same place as the printing) can end up saving you money. Again, the bids you collect will let you know if the suppliers are in line with current price schedules. If you do not know of designers or printers to contact for bids and interviews, try calling a friend or colleague with similar needs for a recommendation, or contact PPFA for help.

Printing prices vary, also. In many instances, your designer will specify a particular stock and ink color(s). If, however, you do not agree, or find that you cannot afford the recommendations, you can ask the printer to suggest a comparable but less expensive alternative stock or technique to attain the look you want for less. Utilize the expertise of your suppliers. Let them know that you want their ideas on what can be done to save money.

When ordering printing, be sure to order a blueprint for approval before the piece is actually printed. This is your last check on your own work, and on the printer. Check positioning of text, headlines and art; check you copy once again for typos or inaccuracies. The blueprint shows you exactly what will appear on the finished piece, and positioning. Be sure all folds are done correctly, also. Corrections are possible at this point, but should be avoided due to the cost and time involved.

Since you will be dealing directly with suppliers, it is useful to know the proper terminology to use. One useful resource book, which is inexpensive and easy to obtain from neighborhood art supply stores, is called "Pocket Pal" and is published by International Paper, Inc. It is a paperback book, and takes you through the many steps of print production. You may also want to keep several printed pieces looking as if they "belong together," whether to strengthen the impact of the items, or to let your audience recognize you as the publisher. For these reasons, PPFA has developed the Graphic Standards Manual, giving guidelines to follow which help identify printed pieces as belonging to the Planned Parenthood family. This aids all of us by increasing visibility and accentuating the unity of all the affiliates by providing consistency in the graphic look. The Manual provides information on how to print material within the framework set up by the Federation's Graphic Standards in an easy-to-use format. Specific instructions are given in the correct jargon used by typesetters, designers and printers. In many cases, just xeroxing a page from the Manual can give the printer all the information he/she will need to produce graphically correct material. The Manual also helps to prevent problems of communication between staff and suppliers by defining important printing and graphic terminology.

When photographs of individuals are being used, you must first obtain a Photo Release in writing from all those who appear in the photo. In the case of photographing of children, the permission of the parent or guardian is required. When reproducing any part of a copyrighted publication, credit must be given the copyright owner by citing the original source. Utilizing large portions will require written permission from the author.

There may be times when you must go to outside companies to assist with distribution of printed material. If the item is to be mailed, you may need a lettershop (mailing house) to stuff, seal, stamp and mail the printed piece(s), especially if you will be mailing at the non-profit bulk rate, where various sorting of pieces is required. Be sure to obtain any needed mail permits from

the post office far in advance of your mailing. Contact your post office for specific information and forms to be filled out. In other cases, you will be distributing the material through your own staff or volunteer network. Be sure to calculate staff time and costs into your budget.

Promotion, if required, of the printed piece must also be considered with sufficient lead time, and calculated in your budget. Decide on the most cost-effective method of promotion for your particular item. If the promotion will take the form of a direct mail printed piece, you can use the steps outlined in this chapter to produce the item, or "package" of items.

Evaluation

In evaluating the success of your printed work, ask yourself the following questions:

1) Did I remain within the budget originally set up for this project?
2) Was the piece produced according to the schedule formulated?
3) Did it end up looking as originally intended? Was the quality adequate? (This will provide information useful in future printing endeavors. You would not go back to a printer, for instance, who does sloppy work!)
4) Did the piece produce the desired response? If not, why not?
5) What are the reactions from friends and colleagues? What comments and/or criticisms did they have? (This is also useful to keep in mind for future reference.)

Be sure to refer to your past experience to predict approximate costs, time needed in scheduling, preferred suppliers, etc. Keep past records on file for quick and easy consultation.

Chapter 10

LIBRARY AND INFORMATION MANAGEMENT

Gloria Roberts and Susan Newcomer

Although the educator may not have intended to develop a library in family planning and although the affiliate may not have the space or the budgetary allocation to develop a 'real' library, the information and resources collected in the process of developing programs and answering questions gradually approach that function. As Planned Parenthood affiliates become known in the community for responsible answers to questions concerning sexuality, contraception, pregnancy, birth and other reproductive issues as well as population issues, we have a responsibility to keep our knowledge up-to-date and easily accessible to our colleagues and to the general public. At the moment, for most affiliates and educators, this means the traditional sort of filing system and library with index cards, but in the near future automated data systems may be used by more and more agencies. It is the goal of PPFA's Education Department to have our automated database (LINK) and Clearinghouse accessible to any affiliate who has access to a computer with compatible software. In anticipation of that time, then, it behooves educators to become familiar with computer options. At the end of this chapter we include some information about the software and computer now (January 1986) being used in the Education Department.

Keeping materials accessible implies keeping files and books and clippings in some kind of order that is rational, not only to the individual, but also to other potential users. With an order and a structure in mind, decisions as to what books are worth buying, what clippings are worth saving, will become a little easier. The Clearinghouse and the Katharine Dexter McCormick library at Planned Parenthood's national headquarters and other family planning libraries have adopted a classification system developed by Blanche Horowitz, the first

PPFA Librarian. That system is described in detail in A Family Planning Library Manual: Fourth Edition, available from PPFA's Education Department. Information from that manual has been adapted for this chapter.

Basic Considerations: There is so much material now available in family planning that deciding what to include in a library takes much consideration. The library's users or potential users should provide the basic guidelines for these decisions, so that the types of materials to be collected can be streamlined somewhat. Some books and vertical file materials on a popular level should be kept, as well as scientific or scholarly works.

Current Literature in Family Planning, produced by the KDM Library and sent monthly to each affiliate, provides helpful guidelines on new publications, articles and monographs. A Small Library in Family Planning, also available from PPFA, provides a listing of volumes which should be in any basic library in the field. This contains many useful entries, but is, unfortunately, no longer current (June 1980). When you acquire a book, assign a call number and make out catalog cards for author and subject. All materials listed in CLFP and PPFA's other bibliographies and book lists have already been assigned call numbers according to the KDM classification system.

In addition to books, a specialized library usually has a collection of journal articles, unpublished reports, reprints, and so on, known as the vertical files or reprint collection. Such a collection is an important resource in a specialized library, since much of today's information must be up-to-date, and journals or newsletters are the vehicles for such material. These materials should be kept in folders placed in file cabinets. For example, one might start with a general folder, "Women's Health, 3.11." If enough items are gathered on, say, Toxic Shock Syndrome, they should then be separated from the general folder and set in one entitled, "Women's Health, 3.11, TSS."

Newspaper clippings make valuable additions to a vertical file. It is wise to paste or staple clippings to 8x10" sheets of paper or photocopy them to keep them from getting crumpled. They can be kept by subject in the vertical file. Periodicals, such as the American Journal of Public Health, or the Journal of Marriage and the Family, are useful and helpful but can often be very time-consuming to process and integrate into the collection in a small library. PPFA affiliates should be responsible for having complete sets of any of their own periodicals as well as those of PPFA and the Alan Guttmacher Institute, including: Planned Parenthood Review, Current Literature in Family Planning, International Family Planning Perspectives, Family Planning Perspectives, Washington Memo, and LINK Line. In other words, the library of any organization or agency that produces publications including newsletters must be itself responsible for collecting complete sets of its own publications and periodicals. This means from Volume 1 No. 1 until cessation of publication, including any title changes. Remember the future! Although archives of your affiliate may not be important to you, some historian at some time may be very interested in how family planning was offered in your area during your lifetime.

The length of time other publications should be kept must be determined by the needs of your staff, your audience and your space. Keeping periodicals for two years plus the current year is a good rule of thumb. Scholarly journals should be kept for at least five years, space permitting. Availability of specialized periodicals in local public and university libraries or other resources in your community should also be considered both when subscribing to and storing such materials.

Audiovisual materials are as much a part of library collections as are books, periodicals and reprints. These require special storage and handling, and so some thought must be given to appropriate storage facilities. Someone must be responsible for checking out such materials and inspecting them upon return; budget needs to be allocated for repairs and maintenance.

A library must maintain these efficient "little" systems, lest the "big" system fall apart. Someone must be designated as responsible for the collection; this person has the advantage of becoming familiar with not only the organization of materials, but also with the content. He/she can then find things quickly for others, but, with a system, others also can have a fair chance themselves.

As for space for a library, common sense should be the guide. To allow for growth, shelves should be only two-thirds full at the start. It is best to plan for one-third growth a year, and to plan five years in advance. No matter how you choose to arrange the library, be sure to provide space for a smooth traffic flow.

The Future

The lure of computer literacy may make us believe that the machine contains answers to all our organizational problems -- "universal panacea #337." It is our belief that, in many cases, the old familiar 3 x 5" file card is more help for less money. An old computer adage, GIGO, (Garbage in, garbage out) says it all. If your information is in disarray, you will have to put it into order before you can put it into the computer. You will have to design that order, which is the hard part.

Here we discuss how to deal with bibliographic or programmatic information and information retrieval only. Spreadsheets, word processors, and data analysis programs are other specialities entirely. It is, of course, handy if the computer you have access to can be used for these other programs as well.

At this writing, there seems to be only one software package which will allow the personal size computer to do complete bibliographic retrieval. Some of the other software may be able to "pull" a file, but not to search for a given combination of names or subjects. If one is to be able to really utilize a computer's search and sort capacities, it is useful to be able to pull, for example, all programs for Hispanic parents of pre-adolescents instead of having to sort manually through three categories: Hispanic, parent, and pre-adolescent.

INMAGIC, the software program used at PPFA's Education Department, is presently available for IBM-PC and PC-compatible machinery only, (as of August 1985). For books, library materials, curricula, and pamphlets, we input what is, basically, a card catalogue entry, and use the thesaurus from A Family Planning Library Manual, which is the same thesaurus we use for deciding on call numbers for books and articles, for subject headings. For programs, we enter all this plus much more detailed descriptions. We can search any heading, singly or in combination, as well as search for any string of words in the text of a program. Obviously, the more data one has to manage, the more attractive such a capacity becomes. INMAGIC is available from: INMAGIC, INC., 238 Broadway, Cambridge, MA 02139 (617/661-8124).

In automated information management, as in any other library system, organization is key. Ideally, any user should be able to find the material he or she is searching for. The person in charge of the library or resource center should be able to find not only that information, but additional potentially relevant material for the user's needs.

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AFTERWORD

We hope that this manual has helped as you take on the challenge of being an educator for Planned Parenthood. As I said in the introduction, the reason that this manual is in loose-leaf form is to allow for change and growth. If there are specific topics which you feel should be in this basic "starter kit," please let me know. If you have written a "how-to" section, in an area you think educators lack preparation, let us consider sending it out as another chapter. I do intend to develop a chapter on "Doing National Family Sexuality Education Month," and perhaps, one on "Reading, Understanding and Utilizing Research Findings in Program development."

Read, enjoy, and let us know how it's going.

Susan Newcomer, Ph.D.
Director of Education

Appendix A: Federation By-laws and Recertification Requirements concerning Sexuality Education, and Federal Title X Mandates for Family Planning Education

1. By-laws of PPFA as amended December, 1984.

Article XII, Section 2, a.1: Each affiliate shall serve as a source of education and information about voluntary fertility control and shall develop varied programs to assure that such education and information are available.

Section 3, c.3b: ...shall have an annual written work plan calling for specific accomplishments in the areas of...Educational Programs.

2. Excerpts From the PPFA Recertification Review Protocol

The following criteria must be met by all Planned Parenthood affiliates:

10.1 An annual plan exists that specifically identifies education target populations, goals, measurable objectives (including objectives for generating income), a time frame and evaluation plans.

10.2 Formal evaluation is conducted on selected programs to measure the outcome and impact of the educational program against the goals and objectives of the annual education plan, and periodic reports are prepared for the administration and volunteer committee overseeing education.

10.3 Funding and a specified budget are identified for education as stated in the annual plan commensurate with the program goals.

10.4 Staff and volunteers for education have been identified, and the position equivalent of Education Director established.

10.5 The Education Director has experience in delivering reproductive health/human sexuality programs, or is provided training.

10.6 Education staff annually participate in continuing education opportunities, such as training, directed reading or other activities designed to promote professional growth.

10.7 Evaluation and supervision criteria and methods are clearly established for education staff and volunteers.

10.8 The Education Director participates in the overall budget planning and management team.

10.9 Education staff or resource people are identified who are familiar with the languages and cultural traditions of the community groups they serve.

10.10 Education staff have knowledge and skill competence in:

- human growth and development;
- family planning patient education;
- adolescent pregnancy determinants and consequences;
- developmental concerns in sexuality;
- principles of building and maintaining community support for sexuality education;
- criteria for selecting educational resource materials;
- variety of techniques for teaching sexuality education;
- special sexuality topics appropriate to the affiliate's service area.

10.11 Feedback evaluation is periodically conducted at community education and professional training sessions in order to solicit audience reaction on issues such as content, presenter, format.

10.12 A Board or other committee oversees the education programs of the affiliate.

10.13 Input to educational materials (to be distributed or developed) and programs is sought, whenever possible, from an advisory committee that reflects the predominant religious, ethnic, socioeconomic and cultural diversity of the community.

10.14 There is a statement of fundamental values or principles that underlies the sexuality education program.

10.15 A plan exists for creating and maintaining a positive community climate for sexuality education programs.

10.16 Volunteers who provide educational functions are provided with training and supervision commensurate with the functions which they perform.

10.17 The education program is characterized by, but not necessarily limited to, the following components:

- a library/resource center/clearinghouse;
- instructional aids (audio-visual materials and equipment, flip charts, etc.);
- community education on at least Planned Parenthood services, contraception, STDs, adolescent sexuality, parent-child communication about sexuality, and basics of human sexual development;
- distribution of printed materials;
- efforts at marketing family planning, participation in community coalitions.

10.18 The affiliate library collection is systematically arranged for retrieval (e.g. the Katharine Dexter McCormick Library classification system, another recognized library system, or another logically organized system).

10.19 A specific individual is identified as responsible for the library and its maintenance.

3. Title X Education and Materials Development Requirements

Section 6.9: Review and Approval of Informational and Educational Materials. An advisory committee of five to nine members who are broadly representative of the community must review and approval all informational and educational (I and E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X.

This committee shall (1) consider the educational and cultural backgrounds of the individuals to whom the materials are addressed, (2) consider the standards of the population or community to be served with respect to such materials, (3) review the content of the material to assure that the information is factually correct, (4) determine whether the material is suitable for the population or community to which it is to be made available, and (5) establish a written record of its determinations.

The committee may delegate responsibility for the review of technical materials (e.g., medical) to appropriate persons or groups, but final responsibility and authority for the approval of I (Information) and E (Education) materials rests with the committee.

Section 6.11: Program Promotion. To facilitate community acceptance of and access to family planning services, projects must establish and implement planned activities whereby their services are made known to the community. In planning for program promotion, projects should review a range of strategies and assess the availability of existing resources and materials. The participation of elected, civic, health, and education leaders, youth agency representatives, as well as users of services, should be solicited. Program promotion activities should be updated periodically and be responsive to the changing needs of the community. For more information, contact the Regional Offices, the Office for Family Planning, and the National Clearinghouse for Family Planning Information.

Section 6.12: Community Education. Each family planning project must plan to provide for community education. This should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Community education can be directed toward identifying local agencies and institutions which are likely to serve significant numbers of individuals in need of family planning care, such as schools, postpartum clinics, abortion services, mental health facilities, and clinics for the management of sexually transmitted diseases. Projects should offer orientation sessions for the staffs of these related health and social services in order to help them better counsel and refer potential family planning clients.

Efforts can also be directed toward more general community education about family planning, such as values clarification with regard to family planning, family life, and human sexuality. A variety of approaches should be used, depending on the objectives of the program and the intended audiences. Some examples of techniques are: individual contacts by outreach workers; more formal programs or discussions for larger groups or classes; and the use of public service announcements and posters.

Section 8.1: Client Education. Education services should provide clients with the information they need to make informed decisions about family planning, to use specific methods of contraception, and to understand the procedures involved in the family planning clinic visit. On an initial visit clients should be offered information about basic female and male reproductive anatomy and physiology and the value of fertility regulation in maintaining individual and family health. The range of available services and the purpose and sequence of clinic procedures should also be explained. Clients must be given information about all contraceptive methods in order to make an informed choice. This instruction should be documented in the client record. Additional education, particularly at subsequent visits, should include information on reproductive health and health promotion/disease prevention, as appropriate.

The project's education component should include written goals, content outlines and procedures, and an evaluation strategy. The educational approach used should be appropriate to the patient's age, situation, and previously acquired information on the various methods. Providers of education should have a mechanism to determine that information given has been understood.

Appendix B: Selected Criteria for the Certification of Sexuality Educators (These criteria are included for your information only.)

Section 1. ASSECT Certification

The American Association of Sex Educators, Counselors and Therapists has criteria for certification as a sex educator. They are as follows:

I. Full, Institutional, Or Life Membership in AASECT

II. Academic Degree

An academic degree from an accredited college or university recognized by the Council on Postsecondary Accreditation; either,

A. A Bachelor's degree plus four year of professional experience as an educator, or

B. A Master's degree plus three years of professional experience as an educator, or

C. A Doctorate degree plus two years of professional experience as an educator

III. Human Sexuality Education

The applicant shall have completed a minimum of ninety (90) clock hours of education covering knowledge in the following core areas:

A. Sexual and reproductive anatomy and physiology

B. Developmental sexuality (from conception to old age) from a psychobiological perspective

C. Dynamics of interpersonal relationships

D Gender-related issues

E. Sociocultural factors in sexual values and behavior

F. Marital and family dynamics

G. Medical factors that may influence sexuality; including illness, disability, drugs, pregnancy, contraception and fertility, sexually transmitted diseases

H. Sex research

I. Sexual abuse

J. Curriculum theory and design

IV. Attitude/Values Training Experience

The applicant shall have participated in a minimum of twelve (12) clock hours of structured group experience in which the major focus was on personal attitudes and values of the individual regarding human sexuality. Such training is not to be construed as personal psychotherapy, on the one hand, nor, on the other hand, as an academic experience in which the primary emphasis is on cognitive information. Rather, the experience should consist of some kind of process-oriented exploration of the applicant's own feelings, attitudes, and beliefs regarding human sexuality and sexual behavior (e.g., a SAR). It is strongly recommended that this experience occur early in the applicants' training.

V. Field Work or Work Experience

A minimum of two (2) years of experience involving sex education is required, i.e., eight hundred (800) hours (10 hours/week x 40 weeks/year), or the equivalent over a longer period of time. Such education may be conducted in various settings, such as public or private clinics, classrooms, social service agencies and various educational settings, colleges and universities, professional schools, elementary and secondary schools, family planning centers, religious institutions. The experience may include conducting workshops, institutes, teaching courses, delivering lectures, contributing to the sex education literature, and includes being responsible for the planning and administration of programs, including curriculum development.

VI. Supervision

The applicant must have a supervised internship of one quarter/one semester by an AASECT Certified Sex Educator or other professional of comparable qualifications approved by the Committee on Sex Educators. The supervisor will review and evaluate the applicant's academic preparation and sex education experience which includes the provision of a sex education program developed and implemented by the applicant. The supervisor will seek to assess the demonstrated skills of applicant's ability to:

A. Define curriculum goals

B. Identify teaching strategies

C. Develop evaluation instruments which will:

1. evaluate the performance of participants in the program
2. evaluate the effectiveness of the program itself

D. Utilize feedback from the evaluation

Section 2. NCFR Certification

The National Council on Family Relationships has standards and criteria for the certification of family life educators. Those standards are available by

writing to the National Council on Family Relations, 1910 West County Road B, Suite 147, Saint Paul, Minnesota 55113. NCFR defines family life education as "an interdisciplinary field which addresses all aspects of family life," including Human Development and Sexuality; Interpersonal Relationships; Family Interaction; Family Resource Management; Education about Parenthood; Ethics; and Family and Society. So its scope is broader than simply sexuality education. A summary of NCFR certification requirements is:

1. completion of B.A. or advanced degree in family and child studies education, home economics, nursing, psychology social work, sociology or a related field;
2. including 3 semester hours of family life education methodology;
3. an internship in family life education;
4. two years within the past 5 of work or service experience in the field;
5. three letters of recommendation;
6. a statement of personal philosophy of family life education;
7. membership in NCFR and its Education and Enrichment Section.

Section 3. SSSS Certification

The Society for the Scientific Study of Sex (Box 29795, Philadelphia, PA 19117) has an accreditation process "to develop and maintain standards of academic excellence and to encourage competent and ethical practice by individuals who have chosen a career in the field of sexuality". Their commission accredits undergraduate and graduate degree programs, not individuals.

Section 4. PPFA's Considerations

PPFA's Task Force on Criteria for Education, in their discussion on the preparation or qualification for staff, suggested:

1. Staff attainment of bachelors or advanced degrees should be encouraged, but not be required; college degrees, in themselves, are not considered sufficient evidence of qualifications; Education Directors, however, should possess a bachelors degree.

2. Supervisors of education staff are expected to recommend and provide for education staff continuing education opportunities that provide knowledge and skills relevant to the communities they serve. Educators whose affiliates have allotted no funds for continuing education should supplement available free training with a program of directed professional reading. Supervisors should also consider granting leave without pay if the educator is willing to personally finance his/her continuing education.

3. Certification/accreditation by allied organizations (e.g., AASECT, NCFR) is encouraged, but should not be required as evidence of commitment to high standards of professional preparation.

4. The following content and skill areas should be represented in the Education Department, although not all education staff may have competence in all these areas:

a. Human growth and development (physical, cognitive, psychological, social)
b. Family planning patient education (contraceptive methods, facts regarding common patient concerns in sexuality and family planning)
c. Sexually transmitted diseases (prevention, symptoms, treatment)
d. Determinants and consequences of adolescent pregnancy
e. Design of appropriate education programs for various audiences
f. Developmental concerns in sexuality (answering questions posed by clients of various ages/stages)
g. Special sexuality topics as appropriate for local affiliate's community (e.g., sexuality and disability, parent sexuality education, ethnic and cultural differences)
h. Community organizing and building community support for sexuality education
i. Criteria for evaluation and selecting educational materials for professionals and community audiences (See chapter 9)
j. Familiarization with a variety of techniques for teaching sexuality education and the appropriateness of each for use in different settings and for different purposes, such as for increasing factual knowledge, building appreciation of self, enhancing sexual and reproductive health.

As can be seen, there is overlap among these sets of criteria for certification. Furthermore, Planned Parenthood's Recertification Requirements encompass many of these criteria. A common thread is education, especially in the area of interpersonal relationships. Planned Parenthood's Task Force recommendations are perhaps the most flexible and the most aware of the need for continuing education of those who in turn must educate others.

Appendix C: The National Structure of Planned Parenthood

by Pamela Veerhusen

HISTORY

In 1916, Margaret Sanger opened the first birth control clinic in the United States, in the Brownsville area of New York City. This event marked the founding of what is now the Planned Parenthood Federation of America.

The early years of the movement were full of struggles for survival and acceptance. The number of affiliates was modest even forty years later but solid foundations were laid during those decades. Concern over the rapid growth of world population, and of the availability of natural resources to cope with this growth, the increasing acceptance of family planning, the struggle for equality of women, and the emerging consensus for government support of family planning programs led to a flurry of growth in the 1960s and 70s. The emergence of more acceptable methods of birth control such as the oral contraceptives and the IUD were also factors in this growth.

From its early days, the Planned Parenthood movement had an extremely strong committment to lay volunteer leadership. In its early years, Planned Parenthood affiliates had many volunteers working in its clinics, in the community education programs and even as executive directors. Although the modern day sees professional staff members employed by affiliates, the role of the volunteer continues to be a strongly viable one on policy setting boards, in fund raising, public affairs, community programs, and in service at the affiliates.

Today, Planned Parenthood Federation of America is an organization composed of 186 local affiliates, a regional structure for better organizational interaction and a national board of directors and staff. Affiliates support the policies established by the federation although they are generally autonomous in setting local policies and priorities. Affiliates must operate under the Standards of Affiliation (Article XII of the bylaws) and are recertified at least every four years. The affiliate may serve a modest population center or it may be state-wide with a number of clinic sites. Each affiliate advocates for reproductive rights, provides educational programs, information on family planning and birth control, and most (185) provide medical services in their communities.

NATIONAL BOARD AND STAFF

Planned Parenthood's National Board of Directors is composed of 56 members: 24 are elected by the four regional volunteer structures, 24 are nominated by a national nominating committee and the remaining eight are ex-officio members of the Board. These ex-officio members come from the Alan Guttmacher Institute (4), and one each from the Association of Planned Parenthood Professionals, the Western Hemisphere Region of the International Planned Parenthood Federation, the chairperson of the National Executive Directors' Council and the chairperson of the National Medical Committee.

At Planned Parenthood's annual meeting in the fall of each year, the 56 votes of the National Board of Directors and two votes from each of the cer-

tified affiliates make up the voting membership for the business of the meeting, which consider national policies, approval of the budget and setting of the 'Fair Share' dues formula which represents the affiliates' support of the national office.

The National Board of Directors meets four times each year (two of these meetings take place at the annual membership meeting). At the time of the national meetings, the board committees also meet. There are thirteen committees of the board and the Executive Committee which is made up of the chairperson of each of the board committees, some special regional representation and a few members at large. The Executive Committee meets an additional three times a year to act for the Board.

In brief, with staff support, the national Board of Directors develops future plans, approves the budget, proposes changes to the bylaws, recommends levels of financial support and through its committee structure determines the programs and priorities of the organization. (See attached chart.)

Planned Parenthood's national staff is largely housed in a headquarters office in New York City. In addition, there are national staff based in three regional offices (San Francisco, Chicago and Atlanta) and an office in Washington. PPFA's Family Planning International Assistance program has regional offices for that work in Africa, Latin America and Asia.

The national staff is organized into eight divisions as listed below with their departments.

§§§

National Staff Organization and Vice Presidents as of July 1986:

Office of the President
Faye Wattleton, President

Department of Board Affairs and Planning

	DIVISIONS	DEPARTMENTS
1.	Operations David Andrews	Executive Vice President, Personnel, Internal Audit, Special Projects, Marketing, Insurance
2.	Affiliate Development/ Education Ann McFarren	Regional Offices, Education Department, Evaluation and Data Analysis
3.	Communications Doug Gould	Publications and Public Relations
4.	Finance/Administration Larry Broadwell	Finance/Accounting, Data Processing and General Services
5.	Family Planning International Assistance Daniel Weintraub	Project Management, Special Projects, Grant Management and Logistical Services

6.	Legal Eve Paul	House Counsel, Insurance, Public Impact and Individual Rights.
7.	Medical Louise Tyrer, M.D.	Professional Education, Medical Surgical Services
8.	Public Affairs Norma Clevenger	Field Operation, Washington Office, Special Projects
9.	Resources Winston Forrest	Direct Mail, Special Gifts, Foundations, Corporate Giving, Planned Giving, Justice Fund, Federal Service Campaign and Affiliate Services

§§§

In most cases, the appropriate division works with and provides staff support to the National Board Committee which pertains to that area of operation.

The partnership between a hard working and committed group of volunteers throughout the country and the staff members of the 186 affiliates and the national office has been the setting for an effective organization which has been able to move with the times and perhaps, even out ahead of them, in some instances. We, together, address the challenging issues which have confronted us over these years.

Appendix D: A History of The Education Department at PPFA

Education about contraception and human sexuality have been integral parts of Planned Parenthood since its beginnings. The manner in which this concern has been reflected at national headquarters has changed over time. In the early 70s, affiliates began to voice the need for a specific Education Department. At that time, there was a national Information and Education Department (I & E). A PPFA Task Force Conference on Education in Human Sexuality was convened by the PPFA National Board Expansion and Policy Committee in January of 1974. This came a year after representatives of several PPFA departments had met to discuss possible directions for a national sex education program. The 1974 Task Force prepared the following policy statement on Education in Human Sexuality which was approved by the National Board on February 23, 1974:

POLICY ON EDUCATION IN HUMAN SEXUALITY

Sexuality, including our perception of ourselves as male and female, is a composite dimension of the whole person and affects importantly the way we relate to one another. Our understanding and acceptance of our sexuality is an essential ingredient of our sociological, biological, spiritual and psychological well-being. The development of this dimension is a life-long process, involving informational, attitudinal, and behavioral components.

Society's influences on this development are often confusing, negative and even destructive. Early and continuing education in human sexuality can make us less vulnerable to these influences, and encourage positive development, helping people to achieve their greatest potential. Under sensitive, skilled direction, it will create and informed, open, nonjudgmental and supportive learning experience.

The objectives of quality education in human sexuality should be:

- to provide specific information on the facts of sexual identity and development;
- to encourage understanding of both personal and group attitudes toward sexual activity;
- to enable the individual to develop personal values affecting sexual behavior;
- to provide a basis for the exercise of truly informed voluntarism in fertility regulation and responsible parenthood; and
- to develop an appreciation of the relationship between sexual adjustment and the total health and well-being of the individual in the community.

These objectives are consistent with the Purposes of the Federation. Since the present level of community education

rarely meets these goals, it is necessary that the level be raised.

Clearly, this is a joint responsibility involving homes, schools, religious institutions, health personnel and public and private agencies. Planned Parenthood has a unique position as it is locally-based, health-oriented and particularly concerned with the relationship of sexual behavior and individual, family, and community health. Planned Parenthood's mandate, therefore, should include:

1. Educational support to those who seek its medical service;

2. A catalytic role with the community institutions and services that carry primary responsibility in this effort;

3. Training leadership for those agencies insofar as our special expertise permits us to do so;

4. Encouraging and developing high quality programs responsive to each community, both on our own and in cooperation with others;

5. Monitoring the high standards of such programs; and

6. Developing sound evaluation techniques to review community needs and the effectiveness of these programs.

§§§

This Task Force also called for the formation of a National Headquarters program for Education in Human Sexuality. This program would, they thought, provide:

- a clearinghouse for information
- coordination for training in the affiliates
- technical assistance to affiliates
- advocacy for research and evaluation of program
- coalitions to advocate for a national strategy for education in human sexuality.

In 1977 Michael Carrerra was employed as a consultant to survey the affiliates and determine the kinds and types of sexuality education provided. He gave his report to the Federation in April of 1978.

An Education Task Force met in May of that year and recommended that PPFA:

1. Adopt a broad educational policy;

2. Develop and define a national education department and a national education committee.

The Education Department was formed that year when the old Information and Education Department divided into three parts: a Vice President for Communicati

ons, a Vice President for Public Affairs, and an Education Department to be in the Operations Divison until such time as a Division of Affiliate Development was formed [which happened in March of 1985].

The Education Department was set up to include the Katharine Dexter McCormick Library, and the functions of the Youth Services Division of Information and Education. Organizationally, it was placed in the Operations Division, reporting to the Executive Vice President of the Federation. The Education Committee of the board began to develop a statement of the goals and purposes of sexuality education. The new department began to collect sexuality education program materials. Then as now, the three programmatic thrusts of the department are:

- to provide resources, training and technical assistance on program development and evaluation to PPFA's 187 affiliates around the country, as well as to other service providers;
- to serve as a leading influence in the field of sexuality education and family planning through a speaking and publication program that demonstrates the value of sexuality education and family planning to America's quality of life;
- to obtain grants in order to support and direct replicable model programs that help extend the breadth of audiences, settings, topics and sponsoring organization for sexuality education.

We provide resources and technical assistance with staff visits, telephone consultations, correspondence and workshops at regional and national meetings. These services are available upon request (staff time and budget permitting) to all affiliates.

The resource base of the Education Department is the LINK - The Library and Information Network. The LINK has two components:

- The Katharine Dexter McCormick Library
- The Educational Resources Clearinghouse

The Katharine Dexter McCormick Library houses well over 6,000 books, 175 journals and 50,000 vertical file materials within the fields of reproductive health, sexuality/family-life/population education and family planning.

The KDM Library staff provides personal, telephone and written reference services to a broad range of users in addition to PPFA staff--researchers, authors, health and business professionals, public media, health/sexualtiy educators as well as members of the general public. They publish a monthly annotated bibliography, Current Literature in Family Planning and several other periodic pamphlets, bibliographies and brochures. The library also produces periodic revisions of A Family Planning Library Manual for organizing a library which includes a classification scheme for the family planning specialty library.

The Educational Resources Clearinghouse serves as a national networking center, connecting resources and people across the United States. It contains (to date) over 5,000 individual program-oriented materials, including: curricula, training guides, pamphlets, brochures, catalogs, promotional materials,

reports, manuals and factsheets. These are targeted for patient education and for use in community and school settings, serving professional and public audiences. The Clearinghouse gathers relevant information by tapping into the network of Planned Parenthood affiliates as well as by constant monitoring of the field. This data flow provides updates on programs which are being planned or conducted in the areas of patient education, parent and/or teacher training, parent-child communication, reproductive health issues world population concerns, and the myriad other topics for which sexuality education programs are designed. Full program descriptions and abstracts are integrated into the collection.

A second aspect of the LINK is the Emphasis Subscriber Service. This publication service provides its subscribers with:

- special reports, each of which takes an in-depth look at one significant program area;
- topical bibliographies;
- white papers on pertinent issues;
- reference sheets which provide a ready source of information on selected subjects;
- LINKLine, a bimonthly newsletter which highlights upcoming events, new publications, audiovisual screenings, items of particular interest to sexuality educators, and up-to-date information of interest to users of the LINK data system;
- Emphasis, a journal of programs and program ideas, with interviews of selected experts in the field.

In addition, the Clearinghouse screens audiovisuals regularly. We select applicable and outstanding audiovisuals to be presented at the film festival at PPFA's annual meeting. This provides affiliates with the chance to preview films for rental or purchase.

The department monitors research, trends and issues, represents PPFA educators on task forces, at conferences and meetings, and carries on an active publication and speaking schedule to positively influence the nation's climate for sexuality education programs. We cooperate with other PPFA departments and divisions, and with allied organizations in joint efforts that further our basic goals.

Affiliate and regional staff and volunteers may call upon the department for assistance in any area related to educational programming, including, but not limited to:

- educational program materials
- research information
- current literature in the field of family planning and sexuality education
- bibliographies

- training in building community support for sexuality education
- evaluation (of any aspect of a program)
- program development
- assistance with fundraising (in conjunction with the Resources Division)
- impact studies
- special projects

All the Library and Clearinghouse materials and information are catalogued in our database, which we access via an in-house computer. Resource questions can be answered very quickly, and specialized bibliographies can be generated easily. Planned Parenthood affiliates obtain these services free, while there is a minimal charge for other users to cover staff time.

Appendix E: Glossary of Education-Related Terms Commonly Used by Planned Parenthood Staff

COMMUNITY EDUCATION: Presentations, classes, meetings, workshops, speeches for the general public offered in community settings to develop awareness of reproductive issues, including sexuality and family life education.

CURRICULUM: A guide, manual or book which outlines a practical plan for presenting a course of study to students.

EDUCATION: A process of providing information and often motivating or enabling the learner to make decisions which may affect his/her thinking, attitudes and/or behavior.

EVALUATION: Process of assessing the worth, value or effectiveness of a presentation, program or materials (see Magic of Structure).

FAMILY LIFE EDUCATION: The study of family living skills, such as parenting, family relationships, sex roles, values, sexual or marriage decision-making, and including human development and sexual health.

GOAL: Long-term outcome.

HUMAN SEXUALITY EDUCATION: (See Sexuality Education). Sometimes used when emphasis is more on the biological aspects.

INCOME-GENERATING: An organization, program or publication that results in financial benefits or receipts to the presentor, above covering attendant costs.

INFORMATION: Factual data/knowledge obtained from investigation, study or instruction.

MARKETING: Place, product, people, promotion and price: making sure that Planned Parenthood services and message are well-known to our audience, attractive and available to them.

OBJECTIVE: Short-term activity planned to reach a given goal (must be measurable).

OUTREACH: The extension of programs, services, and information to new areas.

PARENT-CHILD COMMUNICATION: The process of sharing feelings, beliefs, values and information between children and their parents on sexuality or any other subject.

PATIENT EDUCATION: Reproductive health classes, presentations, sessions, or printed materials (including information on birth control, STDs and abortion) held for patients in clinics, doctors' offices, hospitals.

POPULATION EDUCATION: Information about national and international demographic trends (births, deaths, migration) and their relationship to family planning and economic development.

PROGRAM: Extended planned activity with a specific goal or set of goals.

PUBERTY EDUCATION: Information on the physiological, emotional and social changes that take place just before and during adolescence.

RECRUITMENT: Attracting clients to use the services of the agency, often via community outreach and education.

SCHOOL-BASED CLINIC: Small ambulatory comprehensive health care facility located on or near school premises.

SELF-SUSTAINING: An organization, program or publication that generates enough income to cover all attendant costs (including staff time).

SEXUALITY EDUCATION: Providing accurate knowledge of human sexuality in its physical, psychological, social and moral aspects. This includes discussions of decision-making, sex roles, sexual health, biology, anatomy and physiology, contraception, and sexual development, emphasizing the fact that sexual learning is a life-long process.

TRAINING: Courses usually for professionals -- one session or series -- which provide information and develop a particular skill or set of skills on a specific topic for them to use in serving others.

WORKSHOP: Usually a one-time, interactive session for participants to exchange ideas and practical information on a specific topic.

Appendix F: Resources

I. Planned Parenthood Resources which ought to be available at all affiliates, and which are available for purchase from PPFA.

1. Evaluation Protocol and Methodology. 1983.
The affiliate performance assessment tool containing the criteria against which conformance to PPFA standards is measured. Also useful as a guide to staff and board. Covers all aspects of affiliate functioning and programming. Available from the Affiliate Development and Evaluation Department. $15.00.

2. A Family Planning Library Manual. 4th edition. 1982.
A reference guide to starting and maintaining a family planning library. Available from the Katharine Dexter McCormick Library. $7.50.

3. Fundraising Manual. 1985.
For affiliates only. This manual addresses the affiliates and covers the full affiliate annual campaign. There are special in-depth chapters on each of the components. Contains self-evaluation forms as well as other useful tools for the affiliate fundraiser. Available from the Resources Division. $15.00.

4. Graphic Standards Manual. 1981.
The manual contains the national visual identity program complete with logo and standards for application. This program is designed for use by the Federation and its affiliates. Available from the Communication Division. $27.50.

5. Latino Families in the United States: A Resourcebook for Family Life Education. 1983.
Published both in Spanish and English, covers demographic and sociocultural issues, Latino family issues, a conceptual framework for family health promotion, suggestions for responding to Latino community needs and treatment of institutional change as the basis for successful Latino family life education. Available from the Education Department. $2.00.

6. The Magic of Structure: A Manual for Planning and Evaluating Family Planning Education Programs. 1981.
All the information needed, with detailed steps, to get priorities, assess needs, write goals and objectives, plan program budgets, get fees, allot staff time and plan programs. Available from the Education Department. $10.00.

7. Manual of Medical Standards and Guidelines.
Contains medical standards developed by the National Medical Committee and mandated by the PPFA Board for affiliate medical services. Regularly updated when new medical information becomes available and better approaches to contraceptive care can be devised. Available from the Medical Division. $60.00. Two volumes.

8. PPFA Issues Manual. 1982.
This manual acts as a tool for the PPFA staff person or volunteer who is asked tough questions on such matters as a position, a program, a service, or a publication. Available from the Operations Division. $10.00.

9. PPFA Public Affairs Manual. 1980
This is a model for an affiliate public affairs program. Available from the Public Affairs Division. $18.00.

10. Sexuality Education: A Family Life Curriculum for Parents and Young Adolescents. 1984.
Developed from a research project that compared and evaluated five different approaches to training parents and young adolescents to talk comfortably about sexuality. Extensive program materials included. Available from the Education Department. $9.45.

11. Solicitation Training Manual and VCR Tape. 1983.
Funded by the Southern Region Council, written by Vaughn Keller. This is a useful tool for training new volunteers on specific solicitation fundraising. Available from the Resource Division. Now $30.00.

12. The Spokesperson's Manual. 1982.
Designed to help spokespersons make the most of every public speaking opportunity. Available from the Communications Division. $10.00.

13. Strategic Planning Handbook. 1983.
A handbook developed by Vaughn Keller. This manual leads the reader from planning concepts, mission, developing a strategy to operational planning and the development of a plan. Available from the Resource Division. $5.00.

14. Working Together: A Guidebook for Community-Based Family Life Education. 1984.
Illustrates innovative ways to expand the range of topics, audiences and settings for non-traditional family life education. Based on three model projects in communities of differeing size and needs. Evaluation tools included. Available from the Education Department. $9.45.

II. Names and Addresses of Other National and International Organizations Which Work in the Area of Family Planning, Reproductive Rights and Human Sexuality Education:

1. The Alan Guttmacher Institute (AGI)
111 Fifth Avenue
New York, NY 10003
(212) 254-5656

2. American Association of Sex Educators, Counselors and Therapists (AASECT)
11 Dupont Circle, NW
Suite 220
Washington, DC 20036
(202) 462-1171

3. Association for Population/Family Planning Libraries and Information Centers, International (APLIC)
Gloria Roberts, KDM Library, PPFA
810 Seventh Avenue
New York, NY 10019
(212) 541-7800

4. Catholics For A Free Choice
   2008 17th Street, N.W.
   Washington, DC 20009
   (202) 638-1706

5. Centers for Disease Control (CDC)
   Department of Health and Human Services
   Atlanta, GA 30333
   (404) 329-2830

6. Center for Population Options (CPO)
   1012 14th Street, N.W. Suite 1200
   Washington, DC 20005
   (202) 347-5700

7. CHOICE
   1501 Cherry Street
   Philadelphia, PA 19102
   (215) 567-2904

8. The Coalition on Sexuality and Disability, Inc. (CSD)
   853 Broadway, Suite 611
   New York, NY 10003
   (212) 242-3900

9. ETR Associates Network Publications
   1700 Mission Street
   Santa Cruz, CA 95061-8506
   (408) 429-9822

10. Friends of Family Planning (FFP)
    122 Maryland Avenue, N.E.
    Washington, DC 20002
    (202) 543-7803

11. International Planned Parenthood Federation (IPPF)
    18-20 Lower Regent Street
    London, SW1 UNITED KINGDOM
    (011) 839-2911

12. National Abortion Federation (NAF)
    900 Pennsylvania Avenue, S.E.
    Washington, DC 20003
    (202) 546-9060

13. National Abortion Rights Action League (NARAL)
    1424 K Street, N.W.
    Washington, DC 20005
    (202) 347-7774

14. National Clearing House for Family Planning Information
    Box 12921
    Arlington, VA 22209
    (703) 558-7932

15. National Council on Family Relations (NCFR)
1910 West County Road B, Suite 147
St. Paul, MN 55113-5493
(612) 633-6933

16. National Family Planning and Reproductive Health Association (NFPRHA)
425 13th Street, N.W., Suite 350
Washington, DC 20004
(202) 783-1560

17. National Orgnaization for Women (NOW)
425 13th Street, N.W., Suite 723
Washington, DC 20004
(202) 347-2279

18. National Sex Forum (NSF)
1523 Franklin Street
San Francisco, CA 94109
(415) 928-1133

19. Pathfinder Fund
1330 Boylston Street
Chestnut Hill, MA (617) 731-1700

20. Population Council
One Dag Hammarskjold Plaza
New York, NY 10017
(212) 644-1300

21. Population Crisis Committee (PCC)
1120 19th Street, N.W., Suite 550
Washington, DC 20036
(202) 659-1833

22. Population Information Program (PIP)
Johns Hopkins University
624 N. Broadway
Baltimore, MD 21205
(301) 955-8200

23. Population Reference Bureau
2213 M Street, N.W.
Washington, DC 20037
(202) 785-4664

24. Religious Coalition for Abortion Rights (RCAR)
100 Maryland Avenue, N.E.
Washington, DC 20002
(202) 543-7032

25. Sex Information and Education Council of the United States (SIECUS)
80 Fifth Avenue, Suite 801-2
New York, NY 10011
(212) 929-2300

26. The Society for the Scientific Study of Sex (SSSS)
PO Box 29795
Philadelphia, PA 19117
(215) 782-1430

27. United Nations Fund for Population Activities (UNFPA)
220 East 42nd Street
New York, NY 10016
(212) 850-5631

28. Voters for Choice
2000 P Street, N.W.
Washington, DC 20036
(202) 659-2250

Appendix G: Biographical Sketches of Authors

I. Authors of Chapters

Carol Cassell, Ph.D. - Consultant, former (and first) Director of Education at PPFA, President of AASECT, author of Swept Away.

Shirley Everett-Clark, M.A. - since 1971 Director of Information Education and Training, Planned Parenthood of Cincinnati, on the Board of Directors of SIECUS.

Steve Kirkpatrick, Ph.D. - former Acting Director of Education at PPFA, now Director of Training and Development, National Kidney Foundation.

Susan Newcomer, Ph.D. - Director of Education, PPFA.

Marcia Presky - former Manager of Production, Sales and Distribution for the Communication Division of PPFA, now a Program Associate with Family Planning International Assistance.

Gloria Roberts - Head Librarian at the Katherine Dexter McCormick Library at PPFA, President of the Association of Population Libraries and Information Centers.

Carol Valentine - former Director of Education, PP Schenectady, Consultant with NYS Department of Health, Trainer in Family Planning Programs. Now Director of WIC Nutrition Programs in NYC and Downstate for the State Health Department.

Esther Walter - Chair of the Ethics Committee of AASECT, member of the Sexuality Educators' Task Force of the Episcopal Church, Education Coordinator for the Family Planning Council of Iowa

Faye Wattleton - President of Planned Parenthood Federation of America

II. Members of the 1982-1983 Task Force on Criteria for Affiliate Education Programs

Nancy Cunningham, then Director of Education - PP of Berea, KY.

Karen DeGood, then on the PPFA Education Committee.

Babs Feibelman, then Education Director of Memphis, TN PP, now Associate Director of the Memphis Arts Council.

Nancy Feldman, Ph.D., then PPFA Education Committee Chair, now on the PPFA Board of Directors.

Debra Haffner, then Education Director at PP Washington, DC, now Director of Information and Education at Center for Population Options, Washington, D.C.

Libby Howell, then PPFA's Education Committee Chair.

Chessie Idinopulos, then Director of Information and Education PP of Hamilton, OH, now Director of the Consultation and Education Department of the Mental Health Services, Northwest.

Linda Leftoff Kramer, then Education Director of PP of Dayton, OH.

Jan Lunquist, then and still Coordinator of Education/Training of PP of West Michigan, Grand Rapids, MI.

Marilyn Lyman, then of PP Syracuse, NY, now Education Director of the Red Cross, Syracuse, NY.

Diane Manheim, then and still Education Director of PP - Richmond, VA.

Jacqueline A. Manley, then Director of Education & Counseling of PP of Sarasota, FL; now of Center for Population Options, Washington, D.C.

Jan Loreen-Martin, then and still Education Supervisor of PP of Seattle, WA.

Roberta Neff, then Education Committee Chair of PP of Ann Arbor, MI.

Mike Robertson, then Education and Counseling Director of PP Walnut Creek, CA and now Director of Counseling.

Gloria Roden (now Gloria Giller), then of PP Phoenix, AZ.

Mark Salo, then and still Executive Director of PP of San Diego, CA.

Peter Scales, Ph.D., then Director of Education at PPFA, now the Director of Family Connection in Anchorage, AK.

Steven Schott, then Education Director, now Executive Director PP of Austin, TX.

Rosalind Seawright, then and still Education Director at PP of Shrewsbury, NJ.

Stephanie Somers, then and still Health Education Coordinator at PP of Fort Wayne, IN.

Ellen Taves, then and still Counseling Director of PP of Rochester, NY.

Sherry Warren, then Executive Director of PP Omaha, NE.

Carol Flaherty-Zonis, then of PP Philadelphia, PA, now a Consultant.

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